ADDENDA

National Electronic Data Interchange
Transaction Set Implementation Guide

Benefit Enrollment and Maintenance

834

ASC X12N 834 (004010X095A1)

October 2002

ADDENDA

1 Introduction to Modified Pages

This document is addenda to the X12N Benefit Enrollment and Maintenance Implementation Guide, originally published May 2000 as 004010X095. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Modifications based on those comments were reflected in a draft version of the Addenda to the X12N 004010X095 Implementation Guide. Since the X12N 004010X095 Implementation Guide is named for use under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process that began on May 31, 2002. Only the modifications noted in the NPRM Draft Addenda were considered in the NPRM and X12N review processes. No changes to the Addenda were necessary based on comments received during the NPRM process and X12N's own review processes. The Addenda was approved for publication by X12N on October 10, 2002. When using the X12N Benefit Enrollment and Maintenance Implementation Guide, originally published May 2000 as 004010X095 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X095A1".

Each of the changes made to the 004010X095 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X095 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Addenda pages may not begin or end at the same place as the original referenced page. Because of this, Addenda pages are not page for page replacements and the original pages should be retained.

Changes in the Addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but these changes are not identified in the Addenda. Changes in the Addenda may also have caused changes to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), again these are not identified in the Addenda.

National Electronic Data Interchange Transaction Set Implementation Guide

Benefit Enrollment and Maintenance

834

ASC X12N 834 (004010X095)

May 2000

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1 Purpose and Business Overview

1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content to users of Version 004010 of ANSI ASC X12.84, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of health care products only. One or more separate guides may be developed for life, flexible spending, and retirement products.

1.1.1 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements NOT:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide
- Add any additional data elements or segments to this Implementation Guide
- Utilize any code or data values which are not valid in this Implementation Guide
- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

1.1.2 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L.104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards. Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as a HIPAA Implementation Guide for Enrollment and Disenrollment in a Health Plan. Should the Secretary adopt the X12N 834 Benefit Enrollment and Maintenance transaction as an industry standard, this Implementation Guide describes the consistent industry usage called for by HIPAA. If adopted under HIPAA, the X12N 834 Benefit Enrollment and Maintenance transaction cannot be implemented except as described in this Implementation Guide.

1.2 Version and Release

This implementation guide is based on the October 1997 ASC X12 standards, referred to as Version 4, Release 1, Sub-release 0 (004010).

1.3 Business Use and Definitions

Sponsor
A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

Payer/Insurer
The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

Third Party Administrator (TPA)
A sponsor may elect to contract with a Third Party Administrator (TPA) or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function.

Subscriber
The subscriber is an individual eligible for coverage because of his or her association with a sponsor. Examples of subscribers include the following: employees; union members; and individuals covered under government programs, such as Medicare and Medicaid.

Dependent
A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the subscriber's family.

Insured or Member
An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member.

1.4 Batch and Real Time Transactions

Within telecommunications, there are multiple methods used for sending and receiving business transactions. Frequently, different methods involve different timings. Two methods applicable for EDI transactions are batch and real time. This implementation guide only applies to batch health care enrollment. Real time enrollment is not supported at this time.

Batch – When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In a batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes

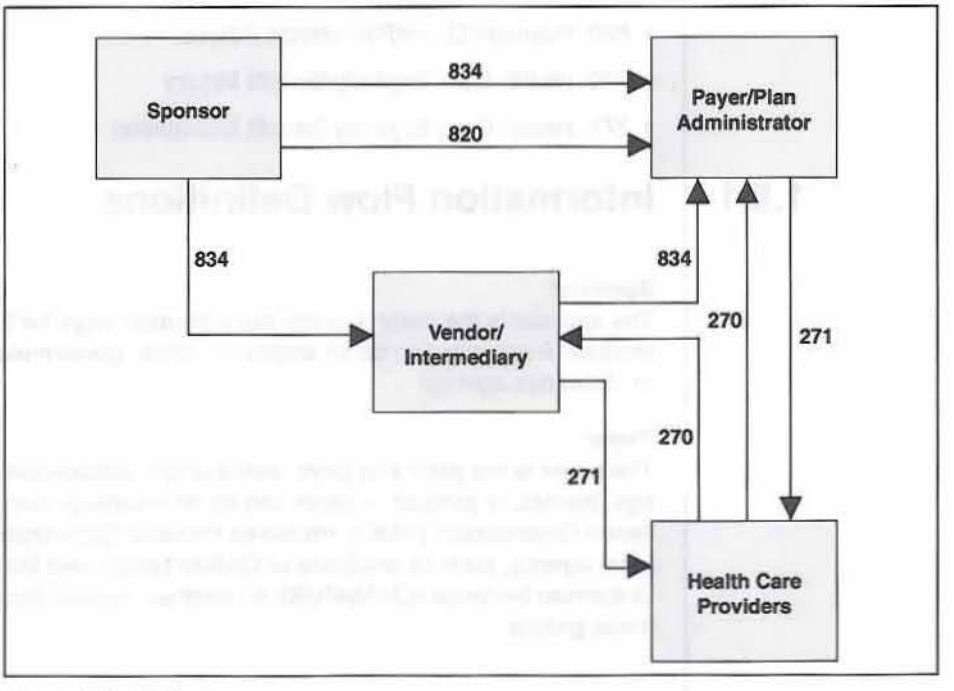

Figure 1. Health Care

the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks up the response transaction. Typically, the results of a transaction that is processed in a batch mode would be completed for the next business day if it has been received by a predetermined cut off time.

Important: When in batch mode, the 997 Functional Acknowledgment transaction must be returned as quickly as possible to acknowledge that the receiver has or has not successfully received the batch transaction. In addition, the TA1 segment must be supported for interchange level errors (see section A.1.5.1 for details).

Real Time – Transactions that are used in a real time mode typically are those that require an immediate response. In a real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to around thirty seconds, and should not exceed one minute.

Important: When in real time mode, the receiver must receive a response of either the response transaction, a 997 Functional Acknowledgment, or a TA1 segment (for details on the TA1 segment, see section A.1.5.1).

1.5 Information Flows

Transaction sets included in the information flow diagram are as follows:

- 834: Benefit Enrollment and Maintenance
- 820: Payment Order/Remittance Advice
- 270: Health Care Eligibility/Benefit Inquiry
- 271: Health Care Eligibility/Benefit Information

1.5.1 Information Flow Definitions

Sponsor
The sponsor is the party or entity that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

Payer
The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

Plan Administrator
The plan administrator is the entity that administers a benefit plan and determines the amount to be paid on a claim but does not actually make the payment.

Health Care Providers
Health care providers are individuals and organizations that provide health care services. Health care providers can include physicians, hospitals, clinics, pharmacies, and long-term care facilities. The legal definition of health care provider is included in section 262, Administrative Simplification, of the Health Insurance Portability and Accountability Act of 1996.

Vendors/Intermediaries
Vendors and intermediaries are organizations that distribute information about eligibility for specific benefits, but they do not actually administer the plan or make payments.

2 Data Overview

2.1 Overall Data Architecture

NOTE
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.2 Location of Product Identifiers

The 834 allows three locations for insurance product identifiers, such as policy numbers and group numbers:

A situational REF segment at the transmission level
A situational REF segment at the insured individual level
A situational REF segment at the health insurance product level

NOTE
See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

The work group found that there was no consistent use for the insurance product identifier at the transaction set level. The 834 makes the occurrence situational, the work group selected code "38", Master Policy Number, for this occurrence. The REF02 element should not be sent if a policy number does not apply to the entire transaction.

Most identifiers should be communicated at the insured level. At this level, code 'OF' identifies the insurance policy. With this code, a single occurrence of the REF segment at this level is situational. The policy number should be passed in this occurrence of the REF if the HD segment is not passed or if all applicable coverage in the HD segment is covered under a single policy number. Other codes are included in optional occurrences of the REF segment to support business needs under the specific policy. The developers of this implementation guide were not able to limit the sender to a single code because of the variety of different insurance plans.

At the insurance product level, the sender also has the option of sending the policy number. This could apply if different policy numbers exist for a particular insurance product specified in the HD segments and a policy number is not passed at the insurance level REF segment.

2.3 Date Terminology

Users of past 834 implementation guides encountered considerable confusion about what codes should be used for dates related to the insured in Loop ID-2000 and to the insurance coverage in Loop ID-2400. This confusion resulted because several codes with very similar uses were available. These codes include the following: effective date, eligibility date, enrollment date, plan date, coverage date, and benefit date.

The tendency has been to try to use the same terminology as that used in the application systems. Lengthy discussion was required to reach a resolution be-

cause the application systems' terminology often differed among different systems. To facilitate communications between different systems, the developers of this implementation guide have limited the codes in Loop ID-2300 DTP, with the term "benefit" being used for actual dates of coverage. The developers recommend that these codes be used regardless of the names used in the sender and receiver systems.

Many more codes are listed in the DTP segment in Loop ID-2000. The developers of this implementation guide recommend that the term "eligibility" be used to refer to the dates on which an insured individual may choose to be covered.

2.4 Linking a Dependent to a Subscriber

Subscribers and dependents are sent as separate occurrences of Loop ID-2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents. The enrollment of a dependent may follow the subscriber's enrollment in the same transmission, or it may be sent separately in a later transmission. Maintaining the existing enrollments of a subscriber and dependents can occur in any sequence.

Payers use various means to link dependents to the subscriber. The most common method is to use the subscriber's Social Security Number (SSN). To allow linking between subscribers and dependents without making assumptions about the receiving system, use the code "0F," Subscriber Number, in the REF segment, Loop ID-2000, position 020. The subscriber's unique identifier is sent in this segment in both the subscriber's and the dependent's Loop ID-2000.

The individual's SSN is sent and identified as such in NM108, Loop ID-2000, position 030. This applies to both subscribers and dependents. If the SSN is used for linking, then the subscriber's SSN is sent in both locations on the subscriber's Loop ID-2000.

2.5 Termination

In developing this implementation guide, the work group had extensive discussions on what data should be sent to terminate coverage for a subscriber's family. The two options are to send the minimum necessary data or to send complete data on the family's coverage. Although there would be benefits to the sponsor in maintaining complete information on each subscriber's coverage and dependents, the current practice includes many sponsors with less than complete data. To accommodate the greatest possible number of users, this implementation guide will be based on passing only the minimum necessary data. The following options will allow the receiver to determine the correct action to take for each possible notification of termination.

If the termination date is passed at the INS level for a subscriber; the DTP segment in position 040, loop 2000; then all coverage for that subscriber and for all dependents linked to that subscriber will be terminated, effective on that date.

If the termination date is passed at the INS level for a dependent; the DTP segment in position 040, loop 2000; then all coverage for that dependent will be terminated, effective on that date. The coverage for the subscriber and any other dependents will not be affected.

If the termination date is passed at the HD level for any member; the DTP segment in position 270, loop 2300; then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will coverage for other members linked to the same subscriber.

Termination dates are not to be sent at both the HD and the INS levels for a particular occurrence of loop 2000.

Terminating all covered insurance products for a dependent at the HD level is the equivalent of terminating that dependent at the INS level. Terminating all insurance products for a subscriber at the HD level is different, in that there may be dependents that continue to be covered, i.e. - dependent only plans. A subscriber with all insurance product coverages terminated will be terminated as a member only if there are no dependents linked to that subscriber.

In the case of a transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage.

2.6 Updates Versus Full File Audits

The 834 transaction can be used to provide either updates to the enrollment database or full file audits.

An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update).

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. This type of transaction is identified by a BGN08 code value of '4', Verify.

The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify synchronization.

When required by sponsor's system limitations, full replacement files can be used to report all enrollees. Because this model is more costly and requires more resources to process, it is not recommended. 'Verify' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

2.7 Coverage Levels and Dependents

Differences exist in how Payers handle dependents. Some Payers identify a coverage level (HD05) for the subscriber which defines the coverage for eligible dependents as well. Other Payers need detailed information on each dependent in order to maintain their databases. Still other Payers require both types of information.

The contract between the Payer and the Sponsor must identify the member reporting requirements for the Enrollment transaction.

If the termination date is passed at the HD level for any member; the DTP segment in position 270, loop 2300; then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will coverage for other members linked to the same subscriber.

Termination dates are not to be sent at both the HD and the INS levels for a particular occurrence of loop 2000.

Terminating all covered insurance products for a dependent at the HD level is the equivalent of terminating that dependent at the INS level. Terminating all insurance products for a subscriber at the HD level is different, in that there may be dependents that continue to be covered, i.e. - dependent only plans. A subscriber with all insurance product coverages terminated will be terminated as a member only if there are no dependents linked to that subscriber.

In the case of a transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage.

2.6 Updates Versus Full File Audits

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An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update).

Paragraph revised

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. The full file audit is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement. This type of transaction is identified by a BGN08 code value of '4', Verify. Any response back to the sponsor from the received transactions are outside the scope of the 834 and are the responsibility of the sponsor and payer.

The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify synchronization.

When required by sponsor's system limitations, full replacement files can be used to report all enrollees. Because this model is more costly and requires more resources to process, it is not recommended. 'Verify' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

2.7 Coverage Levels and Dependents

Differences exist in how Payers handle dependents. Some Payers identify a coverage level (HD05) for the subscriber which defines the coverage for eligible dependents as well. Other Payers need detailed information on each dependent in order to maintain their databases. Still other Payers require both types of information.

When the contract requires the Coverage Level code and no dependent information, HD05 is REQUIRED for all initial enrollment or changes to the Coverage Level Code.

When Dependent information is required without the Coverage Level Codes, separate INS loops are REQUIRED for enrollment or change for each dependent. See the Termination section for more information. HD05 is NOT USED for any member.

When the dependent information and Coverage Level Code are REQUIRED, the Coverage Level Code (HD05) must be used for all subscriber initial enrollment or when the Subscriber's Coverage Level Code changes. This change applies to all covered dependents of the subscriber. The Coverage Level Code is NOT USED with dependent enrollment, changes or terminations. Note: If a dependent addition or termination effectively changes the Coverage Level Code of a subscriber, the subscriber must be changed directly if the contract requires use of the Coverage Level Code.

3 Transaction Sets

NOTE
See Appendix A, ASC X12 Nomenclature, for a review of transaction set structure including descriptions of segments, data elements, levels, and loops.

3.1 Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same Administrative Communications Contact Segment (PER) to specify contact names and phone numbers. Each community decides which elements to use and which code values in those elements apply to its business needs. This implementation guide, like all ASC X12N implementation guides, uses a format that depicts both the generalized standard and the trading community-specific implementation.

The transaction set detail is comprised of two main sections with subsections within the main sections.

Transaction Set Listing

- Implementation
- Standard

Segment Detail

- Implementation
- Standard
- Diagram
- Element Summary

The examples in figures 2 through 7 are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

The following pages provide illustrations, in the same order they appear in the guide, to describe the format.

The examples are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

IMPLEMENTATION

Indicates that this section is the implementation and not the standard

835 Health Care Claim Payment/Advice

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
53	010	ST	835 Header	R	1	
54	020	BPR	Financial Information	R	1	
60	040	TRN	Reassociation Key	R	1	
62	050	CUR	Non-US Dollars Currency	S	1	
65	060	REF	Receiver ID	S	1	
66	060	REF	Version Number	S	1	
68	070	DTM	Production Date	S	1	
			PAYER NAME			1
70	080	N1	Payer Name	R	1	
72	100	N3	Payer Address	S	1	
75	110	N4	Payer City, State, ZIP Code	S	1	
76	120	REF	Additional Payer Reference Number	S	1	
78	130	PER	Payer Contact	S	1	
			PAYEE NAME			1
79	080	N1	Payee Name	R	1	
81	100	N3	Payee Address	S	1	
82	110	N4	Payee City, State, ZIP Code	S	1	
84	120	REF	Payee Additional Reference Number	S	>1	

Each segment is assigned an industry specific name. Not used segments do not appear

Each loop is assigned an industry specific name

R=Required
S=Situational

Segment repeats and loop repeats reflect actual usage

Position Numbers and Segment IDs retain their X12 values

Individual segments and entire loops are repeated

Figure 2. Transaction Set Key — Implementation

STANDARD

Indicates that this section is identical to the ASC X12 standard

See Appendix A, ASC X12 Nomenclature for a complete description of the standard

835 Health Care Claim Payment/Advice

Functional Group ID: **HP**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BPR	Beginning Segment for Payment Order/Remittance Advice	M	1	
030	NTE	Note/Special Instruction	O	>1	
040	TRN	Trace	O	1	

Figure 3. Transaction Set Key — Standard

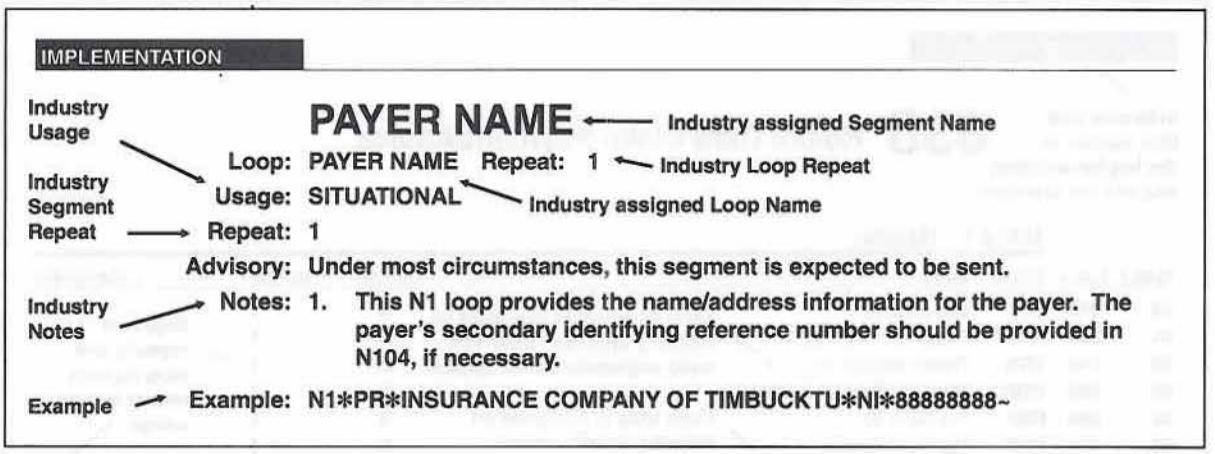


Figure 4. Segment Key — Implementation

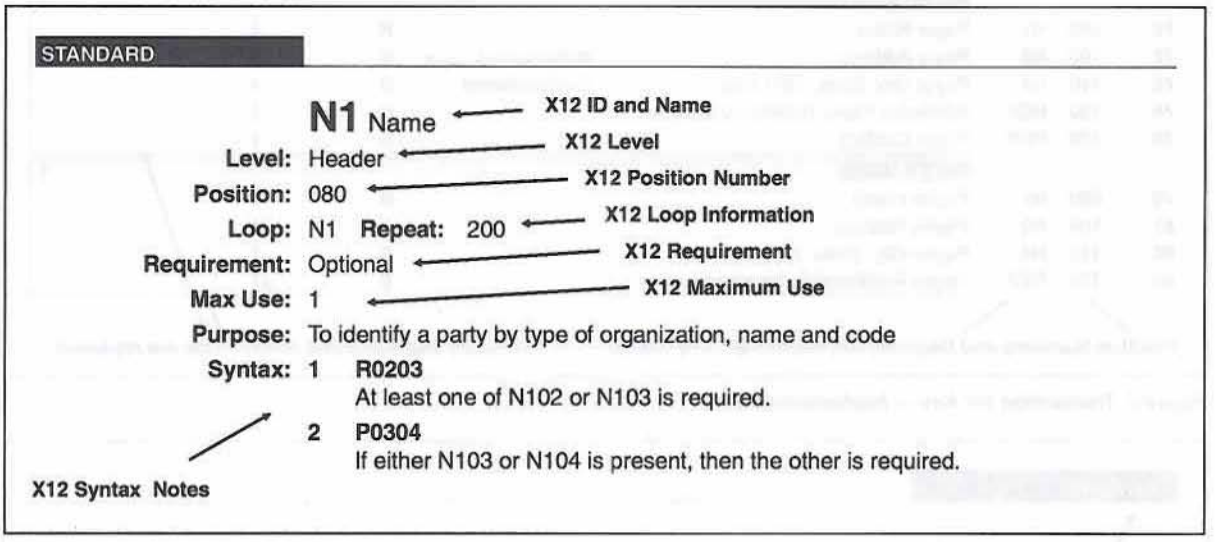


Figure 5. Segment Key — Standard

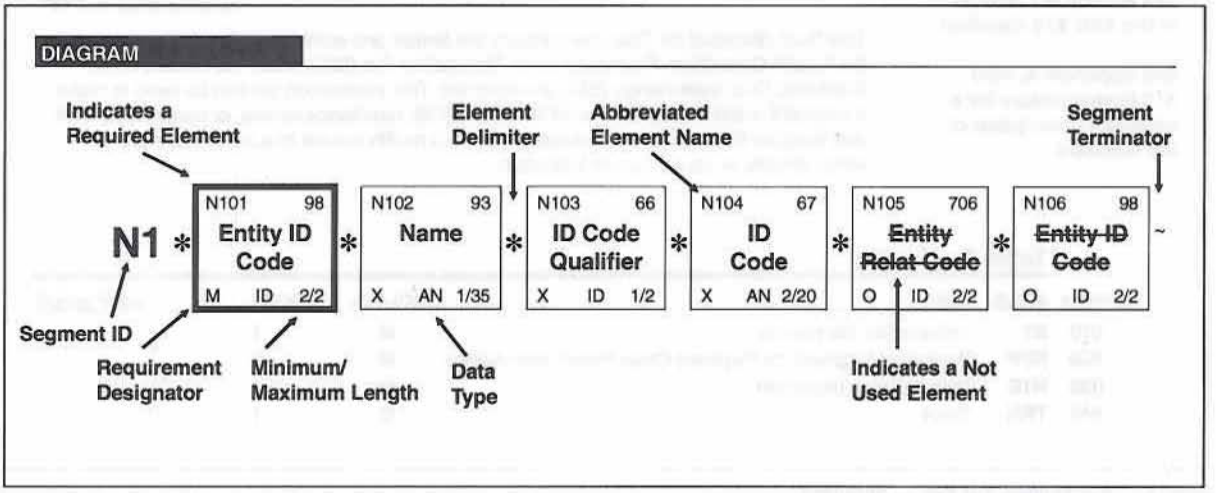


Figure 6. Segment Key — Diagram

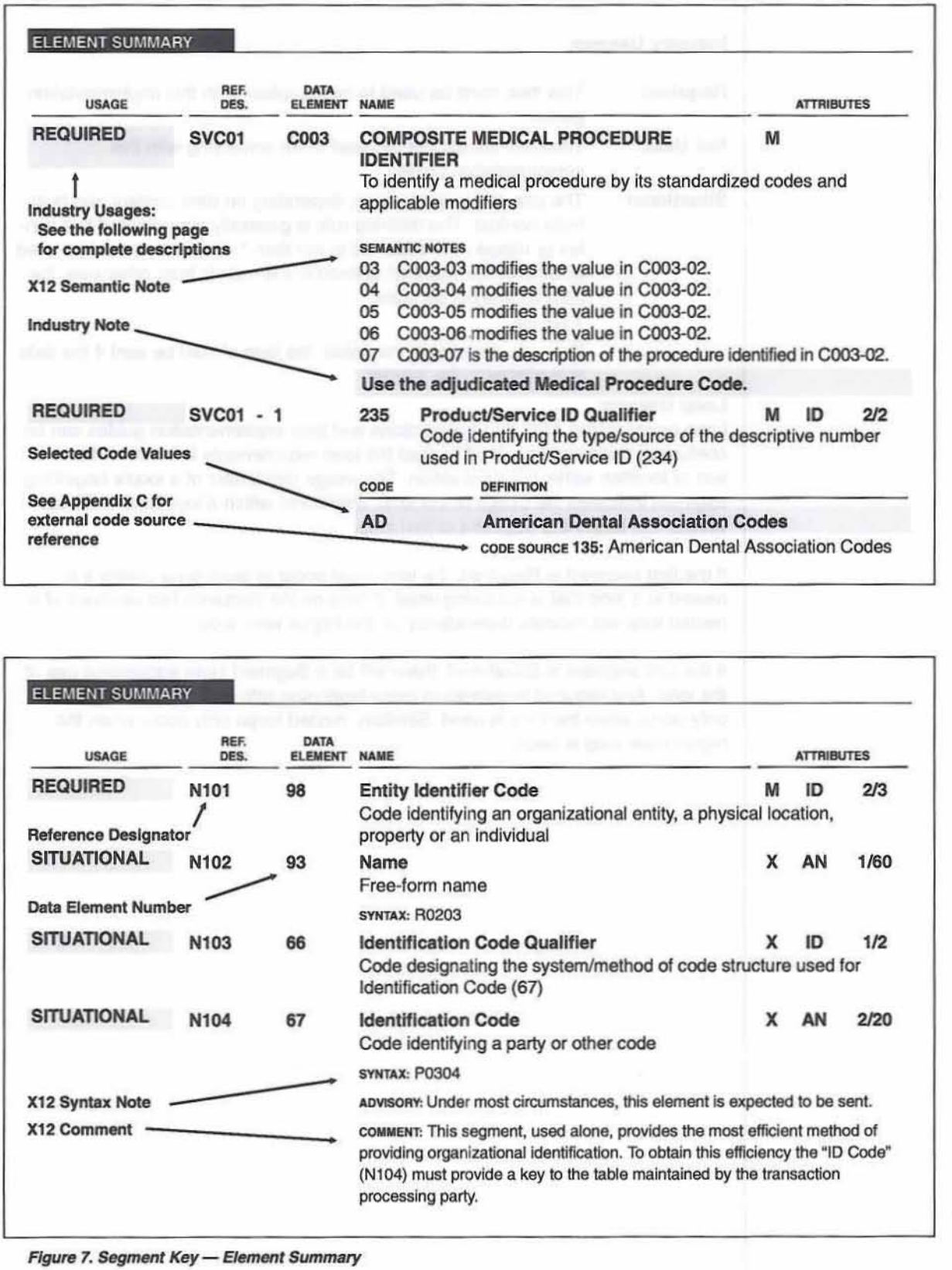


Figure 7. Segment Key — Element Summary

Industry Usages:

Required	This item must be used to be compliant with this implementation guide.
Not Used	This item should not be used when complying with this implementation guide.
Situational	The use of this item varies, depending on data content and business context. The defining rule is generally documented in a syntax or usage note attached to the item.* The item should be used whenever the situation defined in the note is true; otherwise, the item should not be used. ***NOTE** If no rule appears in the notes, the item should be sent if the data is available to the sender.

Loop Usages:

Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

IMPLEMENTATION

834 Benefit Enrollment and Maintenance

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
27	010	ST	Transaction Set Header	R	1	
28	020	BGN	Beginning Segment	R	1	
32	030	REF	Transaction Set Policy Number	S	1	
34	040	DTP	File Effective Date	S	>1	
			LOOP ID - 1000A SPONSOR NAME			1
35	070	N1	Sponsor Name	R	1	
			LOOP ID - 1000B PAYER			1
37	070	N1	Payer	R	1	
			LOOP ID - 1000C TPA/BROKER NAME			2
39	070	N1	TPA/Broker Name	S	1	
			LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION			1
41	120	ACT	TPA/Broker Account Information	S	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000 MEMBER LEVEL DETAIL			>1
43	010	INS	Member Level Detail	R	1	
51	020	REF	Subscriber Number	R	1	
53	020	REF	Member Policy Number	S	1	
55	020	REF	Member Identification Number	S	5	
57	020	REF	Prior Coverage Months	S	1	
59	025	DTP	Member Level Dates	S	20	
			LOOP ID - 2100A MEMBER NAME			1
61	030	NM1	Member Name	R	1	
64	040	PER	Member Communications Numbers	S	1	
67	050	N3	Member Residence Street Address	S	1	
68	060	N4	Member Residence City, State, ZIP Code	S	1	
70	080	DMG	Member Demographics	S	1	
73	110	ICM	Member Income	S	1	
75	120	AMT	Member Policy Amounts	S	4	
76	130	HLH	Member Health Information	S	1	
78	150	LUI	Member Language	S	5	
			LOOP ID - 2100B INCORRECT MEMBER NAME			1
80	030	NM1	Incorrect Member Name	S	1	
83	080	DMG	Incorrect Member Demographics	S	1	
			LOOP ID - 2100C MEMBER MAILING ADDRESS			1
85	030	NM1	Member Mailing Address	S	1	
87	050	N3	Member Mail Street Address	S	1	

88	060	N4	Member Mail City, State, Zip	S	1	
			LOOP ID - 2100D MEMBER EMPLOYER			3
90	030	NM1	Member Employer	S	1	
92	040	PER	Member Employer Communications Numbers	S	1	
95	050	N3	Member Employer Street Address	S	1	
96	060	N4	Member Employer City, State, Zip	S	1	
			LOOP ID - 2100E MEMBER SCHOOL			3
98	030	NM1	Member School	S	1	
100	040	PER	Member School Commmunications Numbers	S	1	
103	050	N3	Member School Street Address	S	1	
104	060	N4	Member School City, State, Zip	S	1	
			LOOP ID - 2100F CUSTODIAL PARENT			1
106	030	NM1	Custodial Parent	S	1	
109	040	PER	Custodial Parent Communications Numbers	S	1	
112	050	N3	Custodial Parent Street Address	S	1	
113	060	N4	Custodial Parent City, State, Zip	S	1	
			LOOP ID - 2100G RESPONSIBLE PERSON			1
115	030	NM1	Responsible Person	S	1	
118	040	PER	Responsible Person Communications Numbers	S	1	
121	050	N3	Responsible Person Street Address	S	1	
122	060	N4	Responsible Person City, State, Zip	S	1	
			LOOP ID - 2200 DISABILITY INFORMATION			1
124	200	DSB	Disability Information	S	1	
126	210	DTP	Disability Eligibility Dates	S	2	
			LOOP ID - 2300 HEALTH COVERAGE			99
128	260	HD	Health Coverage	S	1	
132	270	DTP	Health Coverage Dates	R	4	
134	280	AMT	Health Coverage Policy	S	4	
135	290	REF	Health Coverage Policy Number	S	2	
137	300	IDC	Identification Card	S	10	
			LOOP ID - 2310 PROVIDER INFORMATION			30
139	310	LX	Provider Information	S	1	
140	320	NM1	Provider Name	R	1	
143	360	N4	Provider City, State, ZIP Code	S	1	
145	370	PER	Provider Communications Numbers	S	2	
148	395	PLA	PCP Change Reason	S	1	
			LOOP ID - 2320 COORDINATION OF BENEFITS			5
150	400	COB	Coordination of Benefits	S	1	
152	405	REF	Additional Coordination of Benefits Identifiers	S	5	
154	410	N1	Other Insurance Company Name	S	1	
156	450	DTP	Coordination of Benefits Eligibility Dates	S	2	
158	690	SE	Transaction Set Trailer	R	1	

STANDARD

834 Benefit Enrollment and Maintenance

Functional Group ID: BE

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA).

For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups.

For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
010	ST	Transaction Set Header	M	1	
020	BGN	Beginning Segment	M	1	
030	REF	Reference Identification	O	>1	
040	DTP	Date or Time or Period	O	>1	
050	AMT	Monetary Amount	O	>1	
060	QTY	Quantity	O	>1	
		LOOP ID - 1000			>1
070	N1	Name	M	1	
080	N2	Additional Name Information	O	2	
090	N3	Address Information	O	2	
100	N4	Geographic Location	O	1	
110	PER	Administrative Communications Contact	O	3	
		LOOP ID - 1100			10
120	ACT	Account Identification	O	1	
130	REF	Reference Identification	O	5	
140	N3	Address Information	O	1	
150	N4	Geographic Location	O	1	
160	PER	Administrative Communications Contact	O	5	
170	DTP	Date or Time or Period	O	1	
180	AMT	Monetary Amount	O	1	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
010	INS	Insured Benefit	O	1	
020	REF	Reference Identification	M	>1	
025	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2100			>1
030	NM1	Individual or Organizational Name	O	1	
040	PER	Administrative Communications Contact	O	1	
050	N3	Address Information	O	1	
060	N4	Geographic Location	O	1	
080	DMG	Demographic Information	O	1	
090	PM	Electronic Funds Transfer Information	O	1	
100	EC	Employment Class	O	>1	
110	ICM	Individual Income	O	1	
120	AMT	Monetary Amount	O	10	
130	HLH	Health Information	O	1	
140	HI	Health Care Information Codes	O	10	
150	LUI	Language Use	O	>1	
		LOOP ID - 2200			4
200	DSB	Disability Information	O	1	
210	DTP	Date or Time or Period	O	10	
220	AD1	Adjustment Amount	O	10	
		LOOP ID - 2300			99
260	HD	Health Coverage	O	1	
270	DTP	Date or Time or Period	O	10	
280	AMT	Monetary Amount	O	3	
290	REF	Reference Identification	O	5	
300	IDC	Identification Card	O	>1	
		LOOP ID - 2310			30
310	LX	Assigned Number	O	1	
320	NM1	Individual or Organizational Name	O	1	
330	N1	Name	O	3	
340	N2	Additional Name Information	O	1	
350	N3	Address Information	O	2	
360	N4	Geographic Location	O	2	
370	PER	Administrative Communications Contact	O	2	
380	PRV	Provider Information	O	1	
390	DTP	Date or Time or Period	O	6	
395	PLA	Place or Location	O	1	
		LOOP ID - 2320			5
400	COB	Coordination of Benefits	O	1	
405	REF	Reference Identification	O	>1	
410	N1	Name	O	1	
420	N2	Additional Name Information	O	1	
430	N3	Address Information	O	2	
440	N4	Geographic Location	O	1	
450	DTP	Date or Time or Period	O	2	
		LOOP ID - 2400			10
460	LC	Life Coverage	O	1	
470	AMT	Monetary Amount	O	5	
480	DTP	Date or Time or Period	O	2	

485	REF	Reference Identification	O	>1	
		LOOP ID - 2410			20
490	BEN	Beneficiary or Owner Information	O	1	
500	NM1	Individual or Organizational Name	O	1	
510	N1	Name	O	1	
520	N2	Additional Name Information	O	1	
530	N3	Address Information	O	1	
540	N4	Geographic Location	O	1	
542	DMG	Demographic Information	O	1	
		LOOP ID - 2500			5
550	FSA	Flexible Spending Account	O	1	
560	AMT	Monetary Amount	O	10	
570	DTP	Date or Time or Period	O	10	
575	REF	Reference Identification	O	>1	
		LOOP ID - 2600			>1
580	RP	Retirement Product	O	1	
590	DTP	Date or Time or Period	O	>1	
592	REF	Reference Identification	O	>1	
594	INV	Investment Vehicle Selection	O	>1	
596	AMT	Monetary Amount	O	20	
597	QTY	Quantity	O	20	
598	K3	File Information	O	3	
600	REL	Relationship	O	1	
		LOOP ID - 2610			>1
610	NM1	Individual or Organizational Name	O	1	
630	N2	Additional Name Information	O	1	
651	DMG	Demographic Information	O	1	
652	BEN	Beneficiary or Owner Information	O	1	
653	REF	Reference Identification	O	>1	
		LOOP ID - 2620			>1
654	NX1	Property or Entity Identification	O	1	
655	N3	Address Information	O	1	
656	N4	Geographic Location	O	1	
657	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2630			>1
660	FC	Financial Contribution	O	1	
670	DTP	Date or Time or Period	O	>1	
		LOOP ID - 2640			>1
678	INV	Investment Vehicle Selection	O	1	
679	DTP	Date or Time or Period	O	>1	
680	QTY	Quantity	O	>1	
681	ENT	Entity	O	>1	
682	REF	Reference Identification	O	>1	
683	AMT	Monetary Amount	O	20	
684	K3	File Information	O	3	
		LOOP ID - 2650			>1
685	AIN	Income	O	1	
686	QTY	Quantity	O	>1	
687	DTP	Date or Time or Period	O	>1	
690	SE	Transaction Set Trailer	M	1	

NOTES:

1/050 The AMT segment is used to record the total Flexible Spending Account contributions in the transaction set.

1/060 The QTY segment is used to record the total number of subscribers and dependents in the transaction set.

1/070 At least one iteration of the N1 loop is required to identify the sender or receiver.

2/010 A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

2/020 The REF segment is required to link the dependent(s) to the subscriber.

2/200 The DSB loop may only appear for the Subscriber.

2/310 The LX loop contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.

2/320 Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

2/550 The FSA loop may only appear for the Subscriber.

IMPLEMENTATION

TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Example: ST*834*0001~

STANDARD

ST Transaction Set Header

Level: Header

Position: 010

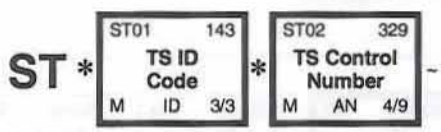
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ST01	143	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set SEMANTIC: The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). CODE / DEFINITION **834** Benefit Enrollment and Maintenance	M ID 3/3
REQUIRED	ST02	329	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.**	M AN 4/9

IMPLEMENTATION

BEGINNING SEGMENT

Usage: REQUIRED

Repeat: 1

Example: BGN*00*11227*19970920*1200*ES***2~

STANDARD

BGN Beginning Segment

Level: Header

Position: 020

Loop: ____

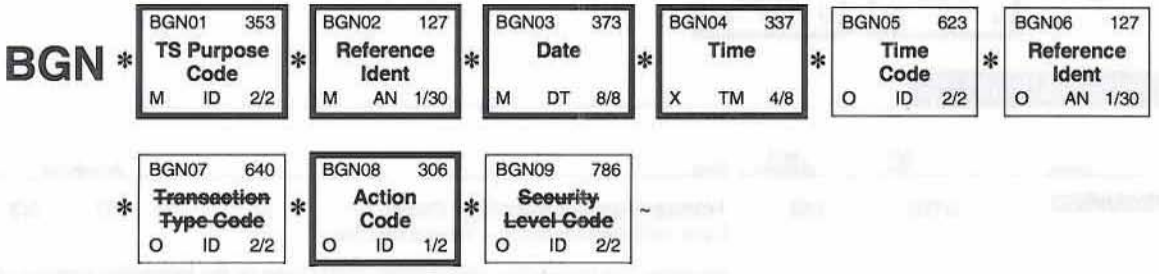
Requirement: Mandatory

Max Use: 1

Purpose: To indicate the beginning of a transaction set

Syntax: 1. C0504
If BGN05 is present, then BGN04 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BGN01	353	**Transaction Set Purpose Code** Code identifying purpose of transaction set **If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.**	M ID 2/2

CODE	DEFINITION
00	**Original** **The "00" indicates the first time the transaction is sent.**

			15	**Re-Submission** **Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review.**			
			22	**Information Copy** **Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.**			
REQUIRED	**BGN02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: ***Transaction Set Identifier Code*** SEMANTIC: BGN02 is the transaction set reference number. **Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.**	**M**	**AN**	**1/30**
REQUIRED	**BGN03**	**373**	**Date** Date expressed as CCYYMMDD INDUSTRY: ***Transaction Set Creation Date*** SEMANTIC: BGN03 is the transaction set date. **Use this date to identify the date that the submitter created the file.**	**M**	**DT**	**8/8**
REQUIRED	**BGN04**	**337**	**Time** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) INDUSTRY: ***Transaction Set Creation Time*** SYNTAX: C0504 SEMANTIC: BGN04 is the transaction set time. **Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.**	**X**	**TM**	**4/8**
SITUATIONAL	**BGN05**	**623**	**Time Code** Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow INDUSTRY: ***Time Zone Code*** SYNTAX: C0504 SEMANTIC: BGN05 is the transaction set time qualifier. CODE SOURCE 94: International Organization for Standardization (Date and Time) **Use the time code if the sender and receiver are not in the same time zone.**	**O**	**ID**	**2/2**

CODE	DEFINITION
01	**Equivalent to ISO P01**

02	Equivalent to ISO P02
03	Equivalent to ISO P03
04	Equivalent to ISO P04
05	Equivalent to ISO P05
06	Equivalent to ISO P06
07	Equivalent to ISO P07
08	Equivalent to ISO P08
09	Equivalent to ISO P09
10	Equivalent to ISO P10
11	Equivalent to ISO P11
12	Equivalent to ISO P12
13	Equivalent to ISO M12
14	Equivalent to ISO M11
15	Equivalent to ISO M10
16	Equivalent to ISO M09
17	Equivalent to ISO M08
18	Equivalent to ISO M07
19	Equivalent to ISO M06
20	Equivalent to ISO M05
21	Equivalent to ISO M04
22	Equivalent to ISO M03
23	Equivalent to ISO M02
24	Equivalent to ISO M01
AD	Alaska Daylight Time
AS	Alaska Standard Time
AT	Alaska Time
CD	Central Daylight Time
CS	Central Standard Time
CT	Central Time
ED	Eastern Daylight Time
ES	Eastern Standard Time
ET	Eastern Time

			GM	Greenwich Mean Time		
			HD	Hawaii-Aleutian Daylight Time		
			HS	Hawaii-Aleutian Standard Time		
			HT	Hawaii-Aleutian Time		
			LT	Local Time		
			MD	Mountain Daylight Time		
			MS	Mountain Standard Time		
			MT	Mountain Time		
			ND	Newfoundland Daylight Time		
			NS	Newfoundland Standard Time		
			NT	Newfoundland Time		
			PD	Pacific Daylight Time		
			PS	Pacific Standard Time		
			PT	Pacific Time		
			TD	Atlantic Daylight Time		
			TS	Atlantic Standard Time		
			TT	Atlantic Time		
			UT	Universal Time Coordinate		
SITUATIONAL	BGN06	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		O	AN 1/30
			INDUSTRY: Transaction Set Identifier Code			
			SEMANTIC: BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.			
			If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.			
NOT USED	BGN07	640	**Transaction Type Code**		O	ID 2/2
REQUIRED	BGN08	306	**Action Code** Code indicating type of action		O	ID 1/2
			CODE	DEFINITION		
			2	**Change (Update)** **Used to identify a transaction of additions, terminations and changes to the current enrollment.**		
			4	**Verify** **Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.**		
NOT USED	BGN09	786	**Security Level Code**		O	ID 2/2

IMPLEMENTATION

TRANSACTION SET POLICY NUMBER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment can be used if a unique ID Number for a group applies to the entire transaction set.**
2. **The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.**
3. **This segment is REQUIRED when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.**

Example: REF*38*123456~

STANDARD

REF Reference Identification

Level: Header

Position: 030

Loop: ____

Requirement: Optional

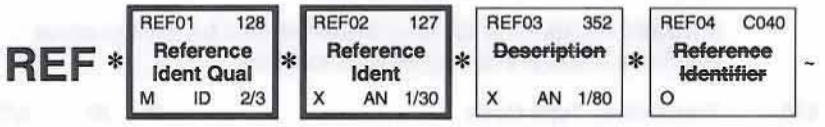
Max Use: >1

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION	
			38 / **Master Policy Number**	

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Master Policy Number*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

FILE EFFECTIVE DATE

Usage: SITUATIONAL

Repeat: >1

Notes: 1. To be sent when required by contract terms.

Example: DTP*007*D8*19961001~

STANDARD

DTP Date or Time or Period

Level: Header

Position: 040

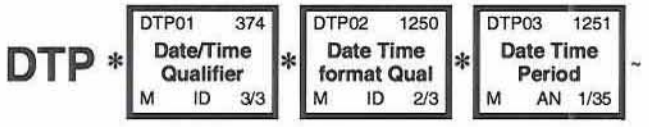
Loop: ____

Requirement: Optional

Max Use: >1

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3
			INDUSTRY: Date Time Qualifier	
			CODE / DEFINITION	
			007 Effective	
			303 Maintenance Effective	
			382 Enrollment	
			388 Payment Commencement	
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	M ID 2/3
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	
			CODE / DEFINITION	
			D8 Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	M AN 1/35

IMPLEMENTATION

SPONSOR NAME

Loop: 1000A — SPONSOR NAME **Repeat:** 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.

Example: N1*P5**FI*12356799~

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

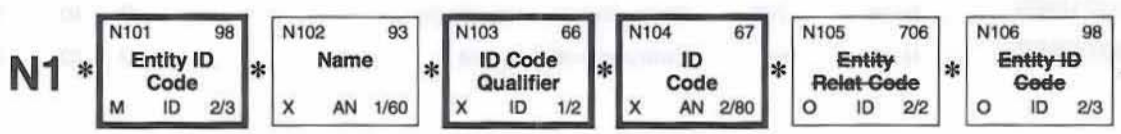
Purpose: To identify a party by type of organization, name, and code

Set Notes: 1. At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax: 1. **R0203**
At least one of N102 or N103 is required.

2. **P0304**
If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
P5	Plan Sponsor

SITUATIONAL	N102	93	**Name** Free-form name *INDUSTRY:* ***Plan Sponsor Name*** SYNTAX: R0203 **This element may be used at the sender's discretion.**	X	AN	1/60
REQUIRED	N103	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304	X	ID	1/2
			CODE — DEFINITION			
			FI — **Federal Taxpayer's Identification Number** **The developers recommend that this code be used until the HIPAA standard identifier is implemented.**			
			ZZ — **Mutually Defined** **The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction.**			
REQUIRED	N104	67	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Sponsor Identifier*** SYNTAX: P0304 COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	X	AN	2/80
NOT USED	N105	706	**Entity Relationship Code**	O	ID	2/2
NOT USED	N106	98	**Entity Identifier Code**	O	ID	2/3

IMPLEMENTATION

PAYER

Loop: 1000B — PAYER **Repeat:** 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this loop to identify the payer. See section 1.3 for the definition of a payer.

Example: N1*IN**FI*12356799~

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

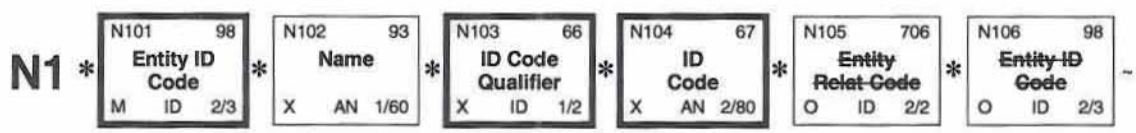
Purpose: To identify a party by type of organization, name, and code

Set Notes: 1. At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax: 1. **R0203**
At least one of N102 or N103 is required.

2. **P0304**
If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
IN	Insurer

SITUATIONAL	N102	93	**Name** Free-form name INDUSTRY: ***Insurer Name*** SYNTAX: R0203 **This element may be used at the sender's discretion.**	X	AN	1/60
REQUIRED	N103	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304	X	ID	1/2
REQUIRED	N104	67	**Identification Code** Code identifying a party or other code INDUSTRY: ***Insurer Identification Code*** SYNTAX: P0304 COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	X	AN	2/80
NOT USED	N105	706	**Entity Relationship Code**	O	ID	2/2
NOT USED	N106	98	**Entity Identifier Code**	O	ID	2/3

CODE	DEFINITION
FI	**Federal Taxpayer's Identification Number**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** **ADVISED** CODE SOURCE 540: Health Care Financing Administration National PlanID

IMPLEMENTATION

TPA/BROKER NAME

Loop: 1000C — TPA/BROKER NAME **Repeat:** 2

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This loop should be sent if a TPA/broker is involved.
2. This loop is REQUIRED when a TPA or a Broker is involved. See section 1.3 for definitions.

Example: N1*TV**FI*123356799~

STANDARD

N1 Name

Level: Header

Position: 070

Loop: 1000 **Repeat:** >1

Requirement: Mandatory

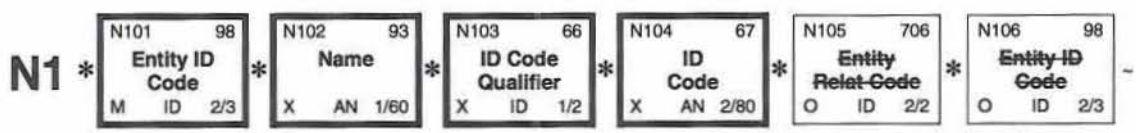
Max Use: 1

Purpose: To identify a party by type of organization, name, and code

Set Notes:
1. At least one iteration of the N1 loop is required to identify the sender or receiver.

Syntax:
1. **R0203**
   At least one of N102 or N103 is required.
2. **P0304**
   If either N103 or N104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
BO	Broker or Sales Office
TV	Third Party Administrator (TPA)

REQUIRED	**N102**	**93**	**Name** Free-form name *INDUSTRY:* ***TPA or Broker Name*** SYNTAX: R0203	**X**	**AN**	**1/60**
REQUIRED	**N103**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: R0203, P0304	**X**	**ID**	**1/2**

CODE	DEFINITION
94	**Code assigned by the organization that is the ultimate destination of the transaction set**
FI	**Federal Taxpayer's Identification Number**
XV	**Health Care Financing Administration National PlanID** ***Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.*** CODE SOURCE **540:** Health Care Financing Administration National PlanID

REQUIRED	**N104**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***TPA or Broker Identification Code*** SYNTAX: P0304 COMMENT: This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.	**X**	**AN**	**2/80**
NOT USED	**N105**	**706**	**Entity Relationship Code**	**O**	**ID**	**2/2**
NOT USED	**N106**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

TPA/BROKER ACCOUNT INFORMATION

Loop: 1100C — TPA/BROKER ACCOUNT INFORMATION **Repeat:** 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is REQUIRED if the account number of the TPA or Broker is different than the account number for the sponsor.

Example: ACT*1234*****23498765~

STANDARD

ACT Account Identification

Level: Header

Position: 120

Loop: 1100 **Repeat:** 10

Requirement: Optional

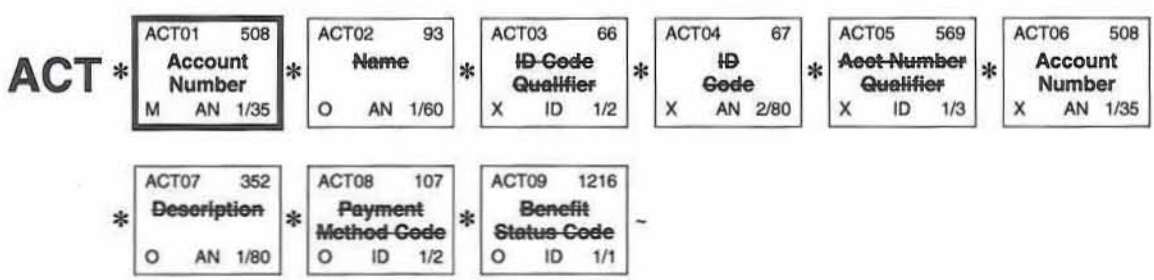
Max Use: 1

Purpose: To specify account information

Syntax:

1. **P0304**
   If either ACT03 or ACT04 is present, then the other is required.
2. **C0506**
   If ACT05 is present, then ACT06 is required.
3. **C0705**
   If ACT07 is present, then ACT05 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	ACT01	508	**Account Number** Account number assigned *INDUSTRY: TPA or Broker Account Number*	M	AN	1/35
NOT USED	ACT02	93	Name	O	AN	1/60
NOT USED	ACT03	66	Identification Code Qualifier	X	ID	1/2

NOT USED	ACT04	67	**Identification Code**	X	AN	2/80
NOT USED	ACT05	569	**Account Number Qualifier**	X	ID	1/3
SITUATIONAL	ACT06	508	**Account Number** Account number assigned INDUSTRY: ***TPA or Broker Account Number*** SYNTAX: C0506 COMMENT: ACT06 is an account associated with the account in ACT01. **Send if more than 1 TPA or Broker Account Number applies to this transaction.**	X	AN	1/35
NOT USED	ACT07	352	**Description**	O	AN	1/80
NOT USED	ACT08	107	**Payment Method Code**	O	ID	1/2
NOT USED	ACT09	1216	**Benefit Status Code**	O	ID	1/1

IMPLEMENTATION

MEMBER LEVEL DETAIL

Loop: 2000 — MEMBER LEVEL DETAIL **Repeat:** >1

Usage: REQUIRED

Repeat: 1

Notes:

1. **Subscriber information must preceed dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.**
2. **No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.**

Example: INS*Y*18*021*28*A*E**FT~

STANDARD

INS Insured Benefit

Level: Detail

Position: 010

Loop: 2000 **Repeat:** >1

Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

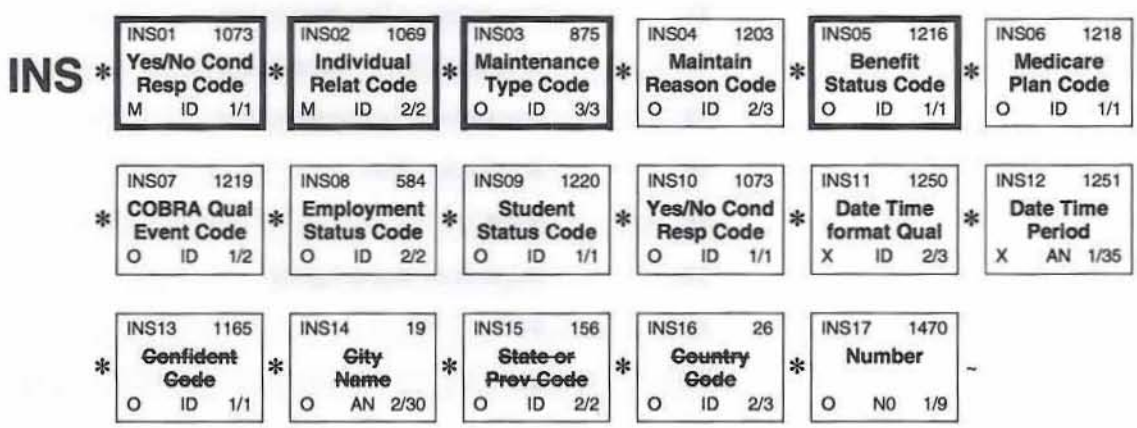
Set Notes:

1. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.

Syntax:

1. **P1112**
   If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	INS01	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response *INDUSTRY:* ***Insured Indicator*** *ALIAS:* ***Subscriber Indicator*** SEMANTIC: INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.	M ID 1/1
			CODE — DEFINITION N — No Y — Yes	
REQUIRED	INS02	1069	**Individual Relationship Code** Code indicating the relationship between two individuals or entities **This value should be 18 for the subscriber.** **For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.**	M ID 2/2
			CODE — DEFINITION 01 — Spouse 03 — Father or Mother 04 — Grandfather or Grandmother 05 — Grandson or Granddaughter 06 — Uncle or Aunt 07 — Nephew or Niece 08 — Cousin 09 — Adopted Child 10 — Foster Child 11 — Son-in-law or Daughter-in-law 12 — Brother-in-law or Sister-in-law 13 — Mother-in-law or Father-in-law 14 — Brother or Sister 15 — Ward 17 — Stepson or Stepdaughter 18 — Self 19 — Child	

			23	Sponsored Dependent Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.			
			24	Dependent of a Minor Dependent			
			25	Ex-spouse			
			26	Guardian			
			31	Court Appointed Guardian			
			32	Mother			
			33	Father			
			38	Collateral Dependent Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.			
			48	Stepfather			
			49	Stepmother			
			53	Life Partner This is a partner that acts like a spouse without a legal marriage committment.			
REQUIRED	INS03	875	Maintenance Type Code Code identifying the specific type of item maintenance		O	ID	3/3
			For further information about full file audits versus change only transactions see section 2.6 (Updates versus Full File Audits) of this guide.				
			CODE	DEFINITION			
			001	Change Use this code to indicate a change to an existing subscriber/dependent record.			
			021	Addition Use this code to add a subscriber or dependent.			
			024	Cancellation or Termination Use this code for cancellation, termination, or deletion of a subscriber or dependent.			
			025	Reinstatement Use this code for reinstatement of a cancelled subscriber/dependent record.			
			030	Audit or Compare Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information			

SITUATIONAL	INS04	1203	**Maintenance Reason Code** Code identifying the reason for the maintenance change	O	ID	2/3

Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent.

CODE	DEFINITION
01	Divorce
02	Birth
03	Death
04	Retirement
05	Adoption
06	Strike
07	Termination of Benefits
08	Termination of Employment
09	Consolidation Omnibus Budget Reconciliation Act (COBRA)
10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
11	Surviving Spouse
14	Voluntary Withdrawal
15	Primary Care Provider (PCP) Change
16	Quit
17	Fired
18	Suspended
20	Active
21	Disability
22	Plan Change This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.
25	Change in Indentifying Data Elements Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.

			26	Declined Coverage The subscriber declined a previously active coverage.			
			27	Pre-Enrollment This code can be used to enroll newborns prior to receiving the newborn's application.			
			28	Initial Enrollment			
			29	Benefit Selection This is used when a member changes benefits within a Plan.			
			31	Legal Separation			
			32	Marriage			
			33	Personnel Data Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.			
			37	Leave of Absence with Benefits			
			38	Leave of Absence without Benefits			
			39	Lay Off with Benefits			
			40	Lay Off without Benefits			
			41	Re-enrollment			
			43	Change of Location Use this code to indicate a change of address.			
			AI	No Reason Given			
			XN	Notification Only To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).			
			XT	Transfer This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.			
REQUIRED	INS05	1216	Benefit Status Code The type of coverage under which benefits are paid		O	ID	1/1
			CODE	DEFINITION			
			A	Active			
			C	Consolidated Omnibus Budget Reconciliation Act (COBRA)			
			S	Surviving Insured			

			T	Tax Equity and Fiscal Responsibility Act (TEFRA)			
SITUATIONAL	INS06	1218	**Medicare Plan Code** Code identifying the Medicare Plan	O	ID	1/1	
			This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.				
			CODE — DEFINITION				
			A — Medicare Part A				
			B — Medicare Part B				
			C — Medicare Part A and B				
			D — Medicare Medicare - Part Unknown				
			E — No Medicare				
SITUATIONAL	INS07	1219	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying** A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary	O	ID	1/2	
			INDUSTRY: Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code				
			This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA.				
			CODE — DEFINITION				
			1 — Termination of Employment				
			2 — Reduction of work hours				
			3 — Medicare				
			4 — Death				
			5 — Divorce				
			6 — Separation				
			7 — Ineligible Child				
			8 — Bankruptcy of a Retired Employee				

SITUATIONAL INS08 584 **Employment Status Code** O ID 2/2
Code showing the general employment status of an employee/claimant

Required for subscriber.

If this insurance enrollment is through a non employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated.

CODE	DEFINITION
AO	Active Military - Overseas
AU	Active Military - USA
FT	Full-time Full time active employee
L1	Leave of Absence
PT	Part-time Part time Active Employee
RT	Retired
TE	Terminated

SITUATIONAL INS09 1220 **Student Status Code** O ID 1/1
Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.

CODE	DEFINITION
F	Full-time
N	Not a Student
P	Part-time

SITUATIONAL INS10 1073 **Yes/No Condition or Response Code** O ID 1/1
Code indicating a Yes or No condition or response

INDUSTRY: ***Handicap Indicator***

SEMANTIC: INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.

This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.

CODE	DEFINITION
N	No
Y	Yes

SITUATIONAL	INS11	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

SYNTAX: P1112

Send when required by X12 syntax.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL	INS12	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times	X	AN	1/35

INDUSTRY: ***Insured Individual Death Date***

SYNTAX: P1112

SEMANTIC: INS12 is the date of death.

Use this date for the date of death of the subscriber/dependent.

Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.

NOT USED	INS13	1165	**Confidentiality Code**	O	ID	1/1
NOT USED	INS14	19	**City Name**	O	AN	2/30
NOT USED	INS15	156	**State or Province Code**	O	ID	2/2
NOT USED	INS16	26	**Country Code**	O	ID	2/3
SITUATIONAL	INS17	1470	**Number** A generic number	O	N0	1/9

INDUSTRY: ***Birth Sequence Number***

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.

IMPLEMENTATION

SUBSCRIBER NUMBER

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: REQUIRED

Repeat: 1

Notes:

1. **If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).**
2. **This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.**
3. **The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.**

Example: REF*0F*920399398~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

Max Use: >1

Purpose: To specify identifying information

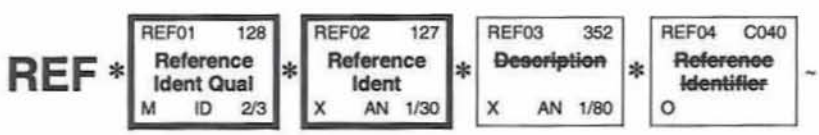
Set Notes:

1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3
			CODE: 0F — DEFINITION: Subscriber Number	

REQUIRED	**REF02**	**127**	**Reference Identification** Reference Information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Identifier*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

MEMBER POLICY NUMBER

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.
2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example: REF*1L*9CC4123~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

Max Use: >1

Purpose: To specify identifying information

Set Notes:
1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM

must

REF	*	REF01 128 Reference Ident Qual M ID 2/3	*	REF02 127 Reference Ident X AN 1/30	*	REF03 352 ~~Description~~ X AN 1/80	*	REF04 C040 ~~Reference Identifier~~ O	~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
1L	**Group or Policy Number** **The payer is responsible for making the assignment of the Group or Policy Number.**

New note added to code

use for payroll

IMPLEMENTATION

MEMBER POLICY NUMBER

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.**
2. **This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.**

Example: REF*1L*9CC4123~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

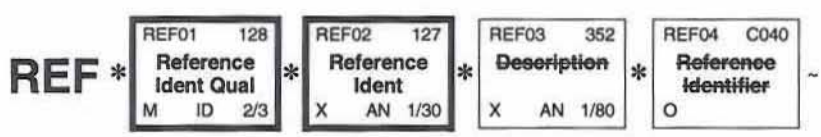
Max Use: >1

Purpose: To specify identifying information

Set Notes:
1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3
			CODE: 1L — DEFINITION: **Group or Policy Number**	
REQUIRED	REF02	127	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: ***Insured Group or Policy Number*** SYNTAX: R0203	X AN 1/30

NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O		

IMPLEMENTATION

MEMBER IDENTIFICATION NUMBER

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 5

Notes: 1. This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.

Example: REF*17*920399398~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

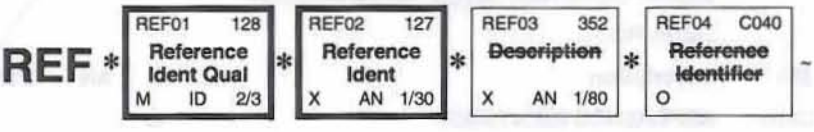
Max Use: >1

Purpose: To specify identifying information

Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax: 1. **R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
17	**Client Reporting Category** **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**

			23	**Client Number** **To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.**			
			3H	**Case Number**			
			DX	**Department/Agency Number** **Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.**			
			F6	**Health Insurance Claim (HIC) Number** **Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.**			
			Q4	**Prior Identifier Number** **Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.**			
			ZZ	**Mutually Defined** **Use this code to transmit the title of the members employment position.**			
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Subscriber Supplemental Identifier*** SYNTAX: R0203		**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**		**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**		**O**		

	23	**Client Number** To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.
	3H	**Case Number**
New code value	6O	**Cross Reference Number** This number is used to tie the Surviving Insured back to the original Subscriber ID.
	DX	**Department/Agency Number** Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.
	F6	**Health Insurance Claim (HIC) Number** Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.
	Q4	**Prior Identifier Number** Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.
	ZZ	**Mutually Defined** Use this code to transmit the title of the members employment position.

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY: **Subscriber Supplemental Identifier*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

PRIOR COVERAGE MONTHS

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required when the portability provisions of the Health Insurance Portability and Accountability Act require reporting of the number of months of prior health coverage that meet the certification requirements of the Act.

Example: REF*QQ*0~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000

Requirement: Mandatory

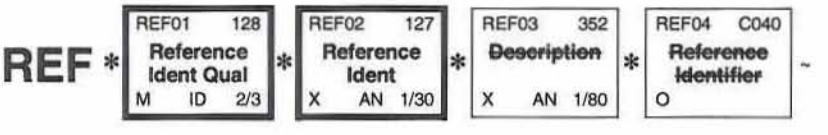
Max Use: >1

Purpose: To specify identifying information

Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

Syntax: 1. **R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M ID 2/3

CODE	DEFINITION
QQ	**Unit Number** **This code is used in this implementation guide to indicate that the value in REF02 is the response required under the portability provisions of HIPAA.**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: ***Prior Coverage Month Count*** SYNTAX: R0203 **Indicator identifying the number of prior months insurance coverage that may apply under the portability provisions of the Health Insurance Portability and Accountability Act.** **This field will contain the number of months of prior health insurance coverage that meets the portability requirements of the HIPAA certification requirements. To be sent on new enrollments when available.**	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

MEMBER LEVEL DATES

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 20

Notes:

1. **Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.**
2. **While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).**

Example: DTP*356*D8*19960705~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 025

Loop: 2000

Requirement: Optional

Max Use: >1

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3

*INDUSTRY: **Date Time Qualifier***

CODE	DEFINITION
286	Retirement
296	Return to Work
297	Date Last Worked
300	Enrollment Signature Date

			301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event		
			303	Maintenance Effective		
			336	Employment Begin		
			337	Employment End		
			338	Medicare Begin		
			339	Medicare End		
			340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin		
			341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End		
			350	Education Begin This is the start date for the student at the current educational institution.		
			351	Education End This is the expected graduation date the student at the current educational institution.		
			356	Eligibility Begin This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.		
			357	Eligibility End This code is used as the end of eleigibility date (termination reason).		
			383	Adjusted Hire		
			393	Plan Participation Suspension		
			394	Rehire		
			473	Medicaid Begin		
			474	Medicaid End		
REQUIRED	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format		M ID	2/3
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.			
			CODE	DEFINITION		
			D8	Date Expressed in Format CCYYMMDD		
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times		M AN	1/35
			INDUSTRY: *Status Information Effective Date*			

IMPLEMENTATION

MEMBER NAME

Loop: 2100A — MEMBER NAME **Repeat:** 1

Usage: REQUIRED

Note changed!

Repeat: 1

Notes: 1. REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.

Example: NM1*IL*1*SMITH*JOHN*M**SR~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

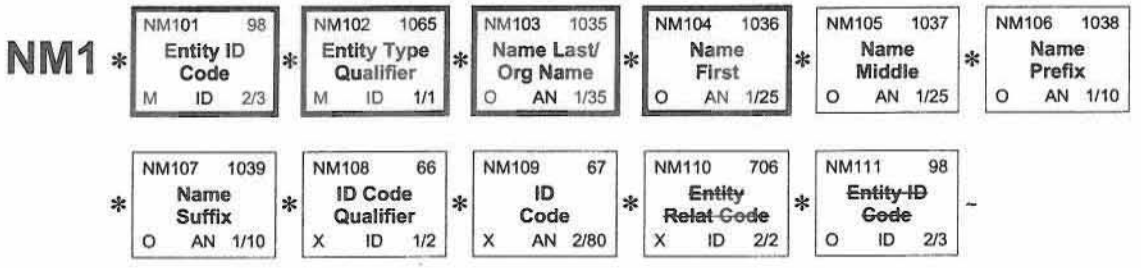
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



IMPLEMENTATION

MEMBER NAME

Loop: 2100A — MEMBER NAME **Repeat:** 1

Usage: REQUIRED

Repeat: 1

Notes: 1. This segment is used to identify a member being enrolled or changing benefits or a member correcting identifier information.

Example: NM1*IL*1*SMITH*JOHN*M**SR~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

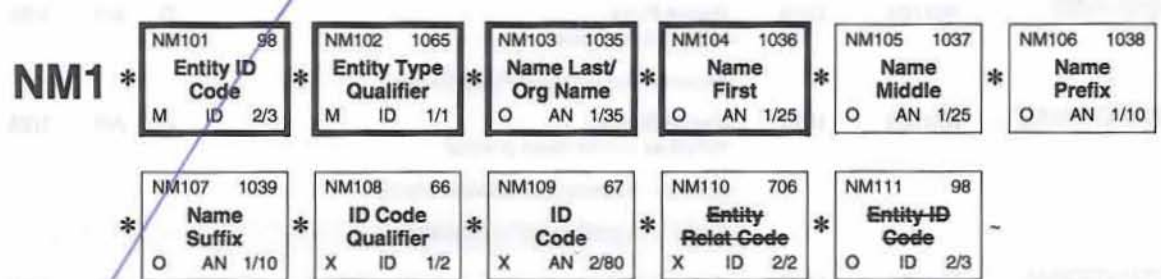
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE: 74 — DEFINITION: **Corrected Insured** **Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.**	
			CODE: IL — DEFINITION: **Insured or Subscriber** **Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.**	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: **Person**	M ID 1/1
REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Subscriber Last Name***	O AN 1/35
REQUIRED	NM104	1036	**Name First** Individual first name *INDUSTRY: **Subscriber First Name***	O AN 1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY: **Subscriber Middle Name*** **Send if supplied by subscriber.**	O AN 1/25
SITUATIONAL	NM106	1038	**Name Prefix** Prefix to individual name *INDUSTRY: **Subscriber Name Prefix*** **Send if supplied by subscriber.**	O AN 1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY: **Subscriber Name Suffix*** **Send if supplied by subscriber.**	O AN 1/10

SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	X	ID	1/2

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
ZZ	**Mutually Defined** **Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.**

SITUATIONAL	NM109	67	**Identification Code** Code identifying a party or other code INDUSTRY: ***Subscriber Identifier*** SYNTAX: P0809	X	AN	2/80

Until the the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.

NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3

IMPLEMENTATION

MEMBER COMMUNICATIONS NUMBERS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*IP**HP*8015554321~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

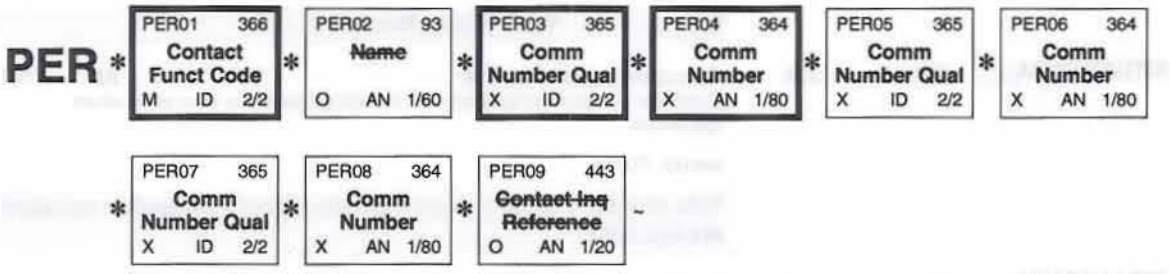
Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.

2. **P0506**
   If either PER05 or PER06 is present, then the other is required.

3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	M ID 2/2
			CODE: IP — DEFINITION: Insured Party	
NOT USED	PER02	93	**Name**	O AN 1/60
REQUIRED	PER03	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: HP — DEFINITION: Home Phone Number	
			CODE: TE — DEFINITION: Telephone	
			CODE: WP — DEFINITION: Work Phone Number	
REQUIRED	PER04	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	X AN 1/80
SITUATIONAL	PER05	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: HP — DEFINITION: Home Phone Number	

			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER06**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
SITUATIONAL	**PER07**	**365**	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **Send when required by X12 syntax.**	**X**	**ID**	**2/2**
			CODE DEFINITION			
			EM **Electronic Mail**			
			EX **Telephone Extension**			
			FX **Facsimile**			
			HP **Home Phone Number**			
			TE **Telephone**			
			WP **Work Phone Number**			
SITUATIONAL	**PER08**	**364**	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	**X**	**AN**	**1/80**
NOT USED	**PER09**	**443**	**Contact Inquiry Reference**	**O**	**AN**	**1/20**

IMPLEMENTATION

MEMBER RESIDENCE STREET ADDRESS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example: N3*50 ORCHARD STREET~

STANDARD

N3 Address Information

Level: Detail

Position: 050

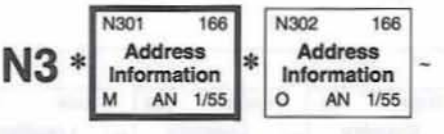
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	**Address Information** Address information	M	AN	1/55
			INDUSTRY: Subscriber Address Line			
SITUATIONAL	N302	166	**Address Information** Address information	O	AN	1/55
			INDUSTRY: Subscriber Address Line			
			Required if a second address line exists.			

IMPLEMENTATION

MEMBER RESIDENCE CITY, STATE, ZIP CODE

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. **REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.**

Example: N4*ROCK HILL*FL*33131~

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

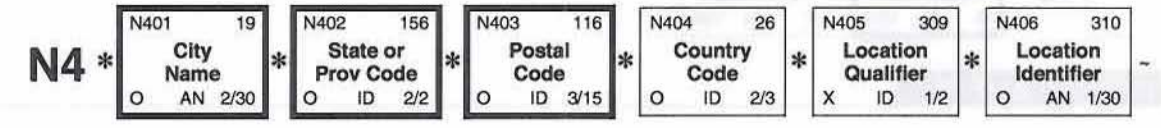
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. **C0605**
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**N401**	**19**	**City Name** O AN 2/30 Free-form text for city name *INDUSTRY:* ***Subscriber City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	
REQUIRED	**N402**	**156**	**State or Province Code** O ID 2/2 Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Subscriber State Code*** COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	

REQUIRED	N403	116	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Subscriber Postal Zone or ZIP Code*** CODE SOURCE 51: ZIP Code	O	ID	3/15
SITUATIONAL	N404	26	**Country Code** Code identifying the country CODE SOURCE 5: Countries, Currencies and Funds **Required only if country is not USA.**	O	ID	2/3
SITUATIONAL	N405	309	**Location Qualifier** Code identifying type of location SYNTAX: C0605 **Send when required by X12 syntax.**	X	ID	1/2
SITUATIONAL	N406	310	**Location Identifier** Code which identifies a specific location *INDUSTRY:* ***Location Identification Code*** SYNTAX: C0605 **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**	O	AN	1/30

CODE	DEFINITION
60	**Area** **The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.**
CY	**County/Parish**

IMPLEMENTATION

MEMBER DEMOGRAPHICS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes:
1. REQUIRED when enrolling a new member or when changing a member's demographic information.
2. This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.

Example: DMG*D8*19450915*F*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

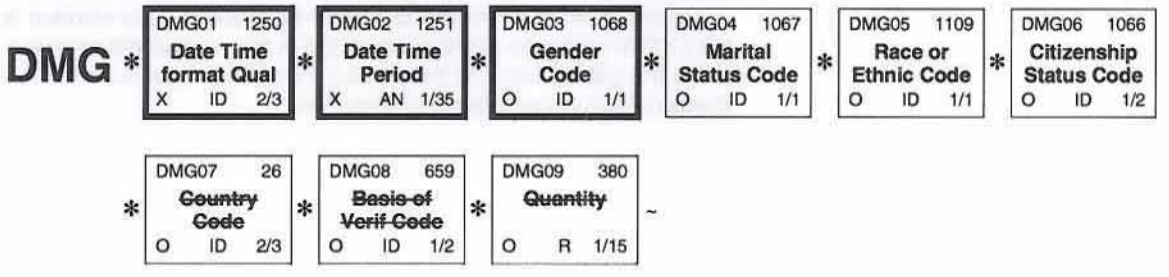
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax:
1. P0102
   If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102 CODE: D8 — DEFINITION: Date Expressed in Format CCYYMMDD	X ID 2/3

IMPLEMENTATION

MEMBER DEMOGRAPHICS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Note changed

Repeat: 1

Notes: 1. REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.

2. This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.

Example: DMG*D8*19450915*F*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

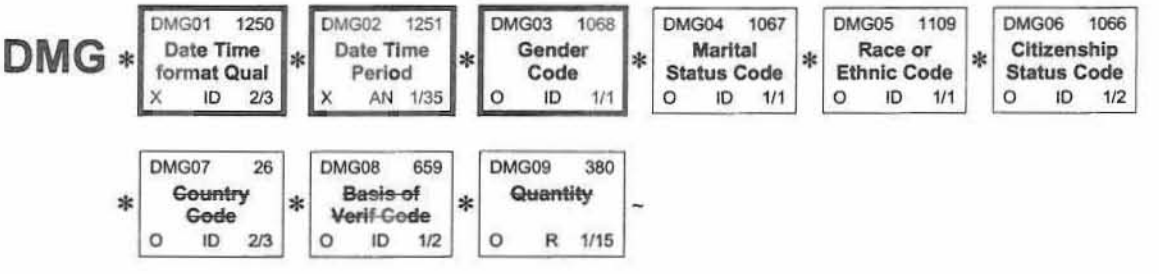
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102
If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102 CODE / DEFINITION D8 — Date Expressed in Format CCYYMMDD	X ID 2/3

REQUIRED	DMG02	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times *INDUSTRY: **Member Birth Date*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X	AN	1/35
REQUIRED	DMG03	1068	**Gender Code** Code indicating the sex of the individual	O	ID	1/1

CODE	DEFINITION
F	Female
M	Male
U	Unknown This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.

SITUATIONAL	DMG04	1067	**Marital Status Code** Code defining the marital status of a person	O	ID	1/1

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
B	Registered Domestic Partner
D	Divorced
I	Single
M	Married
R	Unreported
S	Separated
U	Unmarried (Single or Divorced or Widowed) This code should be used if the previous status is unknown.
W	Widowed
X	Legally Separated

SITUATIONAL	DMG05	1109	**Race or Ethnicity Code** Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	O	ID	1/1

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
7	Not Provided
A	Asian or Pacific Islander
B	Black
C	Caucasian
H	Hispanic
I	American Indian or Alaskan Native
N	Black (Non-Hispanic)
O	White (Non-Hispanic)

SITUATIONAL	DMG06	1066	**Citizenship Status Code** Code indicating citizenship status	O	ID	1/2

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
1	U.S. Citizen
2	Non-Resident Alien
3	Resident Alien
4	Illegal Alien
5	Alien
6	U.S. Citizen - Non-Resident
7	U.S. Citizen - Resident

NOT USED	DMG07	26	**Country Code**	O	ID	2/3
NOT USED	DMG08	659	**Basis of Verification Code**	O	ID	1/2
NOT USED	DMG09	380	**Quantity**	O	R	1/15

SITUATIONAL **DMG05** **1109** **Race or Ethnicity Code** **O** **ID** **1/1**

Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
7	Not Provided
8	Not Applicable
A	Asian or Pacific Islander
B	Black
C	Caucasian
D	Subcontinent Asian American
E	Other Race or Ethnicity
F	Asian Pacific American
G	Native American
H	Hispanic
I	American Indian or Alaskan Native
J	Native Hawaiian
N	Black (Non-Hispanic)
O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

New code values

SITUATIONAL **DMG06** **1066** **Citizenship Status Code** **O** **ID** **1/2**

Code indicating citizenship status

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
1	U.S. Citizen
2	Non-Resident Alien
3	Resident Alien

IMPLEMENTATION

MEMBER INCOME

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.

Example: ICM*1*425.25*40~

STANDARD

ICM Individual Income

Level: Detail

Position: 110

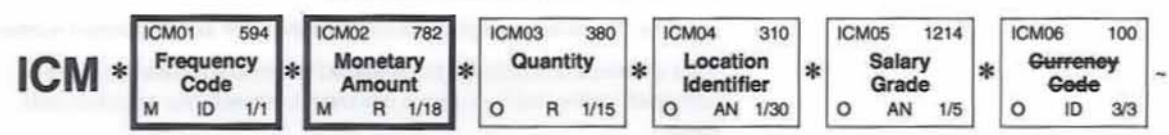
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply information to determine benefit eligibility, deductibles, and retirement and investment contributions

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ICM01	594	**Frequency Code** Code indicating frequency or type of payment SEMANTIC: ICM01 is the frequency at which an individual's wages are paid.	M ID 1/1

CODE	DEFINITION
1	Weekly
2	Biweekly
3	Semimonthly
4	Monthly
6	Daily
7	Annual
8	Two Calendar Months
9	Lump-Sum Separation Allowance

			B	Year-to-Date			
			C	Single			
			H	Hourly			
			Q	Quarterly			
			S	Semiannual			
			U	Unknown			
REQUIRED	ICM02	782	**Monetary Amount** Monetary amount *INDUSTRY:* ***Wage Amount*** SEMANTIC: ICM02 is the yearly wages amount.		M	R	1/18
SITUATIONAL	ICM03	380	**Quantity** Numeric value of quantity *INDUSTRY:* ***Work Hours Count*** SEMANTIC: ICM03 is the weekly hours. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**		O	R	1/15
SITUATIONAL	ICM04	310	**Location Identifier** Code which identifies a specific location *INDUSTRY:* ***Location Identification Code*** SEMANTIC: ICM04 is the employer location qualifier such as a department number. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**		O	AN	1/30
SITUATIONAL	ICM05	1214	**Salary Grade** The salary grade code assigned by the employer *INDUSTRY:* ***Salary Grade Code*** **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.**		O	AN	1/5
NOT USED	ICM06	100	**Currency Code**		O	ID	3/3

IMPLEMENTATION

MEMBER POLICY AMOUNTS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 4

Notes: 1. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer.

Example: AMT*D2*100~

STANDARD

AMT Monetary Amount

Level: Detail

Position: 120

Loop: 2100

Requirement: Optional

Max Use: 10

Purpose: To indicate the total monetary amount

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	AMT01	522	**Amount Qualifier Code** Code to qualify amount	M	ID	1/3
			CODE: B9 — DEFINITION: **Co-insurance - Actual** **This will contain any co-insurance selection amount. The option of adjusting this amount to produce the actual co-insurance can be defined in the insurance contract.**			
			C1 — **Co-Payment Amount**			
			D2 — **Deductible Amount**			
			P3 — **Premium Amount**			
REQUIRED	AMT02	782	**Monetary Amount** Monetary amount INDUSTRY: ***Contract Amount***	M	R	1/18
NOT USED	AMT03	478	**Credit/Debit Flag Code**	O	ID	1/1

IMPLEMENTATION

MEMBER HEALTH INFORMATION

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. REQUIRED on initial enrollment of a member when appropriate medical information about the member is available. The industry name is "Member Health Information".

Example: HLH*X*74*210~

STANDARD

HLH Health Information

Level: Detail

Position: 130

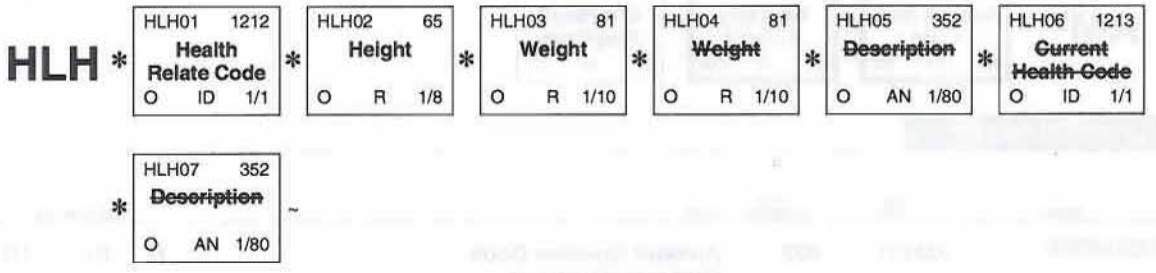
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To provide health information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	HLH01	1212	**Health-Related Code** Code indicating a specific health situation *INDUSTRY: Health Related Code* **REQUIRED when available.**	O ID 1/1

CODE	DEFINITION
N	None
S	Substance Abuse
T	Tobacco Use
U	Unknown

			X Tobacco Use and Substance Abuse			
SITUATIONAL	**HLH02**	**65**	**Height** Vertical dimension of an object measured when the object is in the upright position *INDUSTRY:* ***Member Height*** **REQUIRED when available, expressed in inches.**	**O**	**R**	**1/8**
SITUATIONAL	**HLH03**	**81**	**Weight** Numeric value of weight *INDUSTRY:* ***Member Weight*** SEMANTIC: HLH03 is the current weight in pounds. **REQUIRED when available.**	**O**	**R**	**1/10**
NOT USED	**HLH04**	**81**	**Weight**	**O**	**R**	**1/10**
NOT USED	**HLH05**	**352**	**Description**	**O**	**AN**	**1/80**
NOT USED	**HLH06**	**1213**	**Current Health Condition Code**	**O**	**ID**	**1/1**
NOT USED	**HLH07**	**352**	**Description**	**O**	**AN**	**1/80**

IMPLEMENTATION

MEMBER LANGUAGE

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 5

Notes:

1. **To be used if the sponsor knows that the insured member's language is other than English.**
2. **This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.**

Example: LUI*LD*123**8~

STANDARD

LUI Language Use

Level: Detail

Position: 150

Loop: 2100

Requirement: Optional

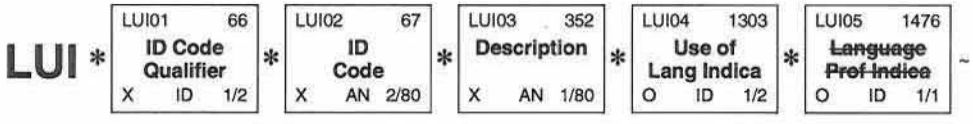
Max Use: >1

Purpose: To specify language, type of usage, and proficiency or fluency

Syntax:

1. **P0102**
   If either LUI01 or LUI02 is present, then the other is required.
2. **L040203**
   If LUI04 is present, then at least one of LUI02 or LUI03 are required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
SITUATIONAL	LUI01	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0102 **Send when required by X12 syntax.** CODE / DEFINITION **LD** — **NISO Z39.53 Language Codes** CODE SOURCE 457: NISO Z39.53 Language Code List **LE** — **ISO 639 Language Codes** CODE SOURCE 102: Languages	X ID 1/2
SITUATIONAL	LUI02	67	**Identification Code** Code identifying a party or other code INDUSTRY: ***Language Code*** SYNTAX: P0102, L040203 SEMANTIC: LUI02 is the language code. **This data element should be sent if the sponsor is able to code the language identification.**	X AN 2/80
SITUATIONAL	LUI03	352	**Description** A free-form description to clarify the related data elements and their content INDUSTRY: ***Language Description*** SYNTAX: L040203 ADVISORY: Under most circumstances, this element is not sent. SEMANTIC: LUI03 is the name of the language. **This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02.**	X AN 1/80
SITUATIONAL	LUI04	1303	**Use of Language Indicator** Code indicating the use of a language INDUSTRY: ***Language Use Indicator*** SYNTAX: L040203 **Send if supplied by subscriber.** CODE / DEFINITION **5** — **Language Reading** **7** — **Language Speaking** **8** — **Native Language**	O ID 1/2
NOT USED	LUI05	1476	**Language Proficiency Indicator**	O ID 1/1

IMPLEMENTATION

INCORRECT MEMBER NAME

Loop: 2100B — INCORRECT MEMBER NAME **Repeat:** 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment only used if a corrected name is sent in loop 2100A or if the previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in Loop 2100A will be IL, and the code in NM101 in this loop will be 70.

Example: NM1*70*1*SMYTH*JON~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

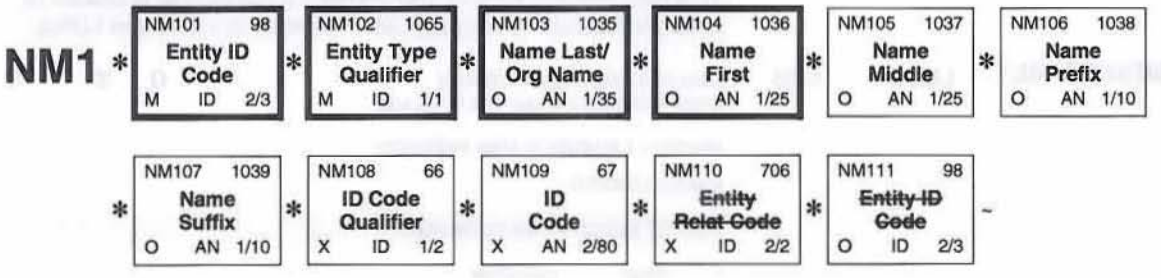
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax: 1. **P0809**
If either NM108 or NM109 is present, then the other is required.

2. **C1110**
If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3
			CODE: **70** — DEFINITION: **Prior Incorrect Insured** **Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop.**			
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: **1** — DEFINITION: **Person**	M	ID	1/1
REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Prior Incorrect Insured Last Name***	O	AN	1/35
REQUIRED	NM104	1036	**Name First** Individual first name *INDUSTRY: **Prior Incorrect Insured First Name***	O	AN	1/25
SITUATIONAL	NM105	1037	**Name Middle** Individual middle name or initial *INDUSTRY: **Prior Incorrect Insured Middle Name*** **Send if supplied by subscriber.**	O	AN	1/25
SITUATIONAL	NM106	1038	**Name Prefix** Prefix to individual name *INDUSTRY: **Prior Incorrect Insured Name Prefix*** **Send if supplied by subscriber.**	O	AN	1/10
SITUATIONAL	NM107	1039	**Name Suffix** Suffix to individual name *INDUSTRY: **Prior Incorrect Insured Name Suffix*** **Send if supplied by subscriber.**	O	AN	1/10

SITUATIONAL	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 **Send when required by X12 syntax.**	X	ID	1/2

CODE	DEFINITION
34	**Social Security Number** **The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.**
ZZ	**Mutually Defined** **Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.**

SITUATIONAL	NM109	67	**Identification Code** Code identifying a party or other code INDUSTRY: ***Prior Incorrect Insured Identifier*** SYNTAX: P0809 **What ever identifier that was previously sent in error should be sent in this segment to allow matching with data on receiver's system.**	X	AN	2/80
NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3

IMPLEMENTATION

INCORRECT MEMBER DEMOGRAPHICS

Loop: 2100B — INCORRECT MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is REQUIRED when there is a change to the previously supplied demographic information.

Example: DMG*D8*19450915*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

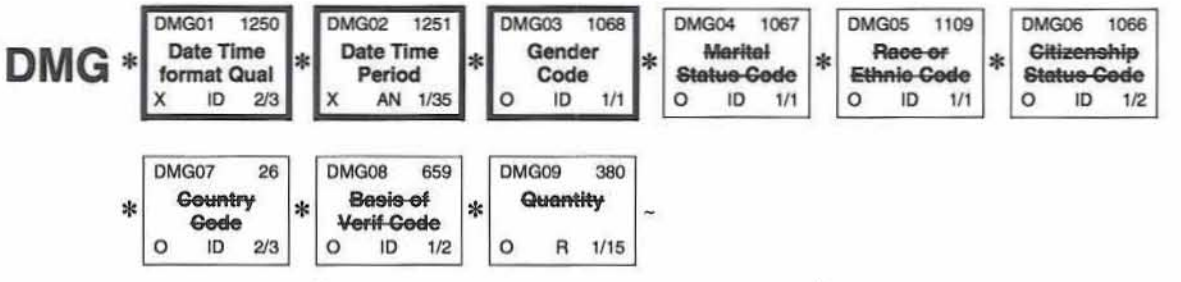
Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102
If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DMG01	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SYNTAX: P0102	X ID 2/3

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

REQUIRED	DMG02	1251	**Date Time Period** Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: ***Prior Incorrect Insured Birth Date*** SYNTAX: P0102 SEMANTIC: DMG02 is the date of birth.	X	AN	1/35
REQUIRED	DMG03	1068	**Gender Code** Code indicating the sex of the individual INDUSTRY: ***Prior Incorrect Insured Gender Code***	O	ID	1/1

CODE	DEFINITION
F	Female
M	Male
U	Unknown

NOT USED	DMG04	1067	Marital Status Code	O	ID	1/1
NOT USED	DMG05	1109	Race or Ethnicity Code	O	ID	1/1
NOT USED	DMG06	1066	Citizenship Status Code	O	ID	1/2
NOT USED	DMG07	26	Country Code	O	ID	2/3
NOT USED	DMG08	659	Basis of Verification Code	O	ID	1/2
NOT USED	DMG09	380	Quantity	O	R	1/15

IMPLEMENTATION

MEMBER MAILING ADDRESS

Loop: 2100C — MEMBER MAILING ADDRESS **Repeat:** 1

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This loop is to be sent if the member has a mailing address different from the residence address sent in loop 2100A.**
2. **Send when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.**

Example: NM1*31*1~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

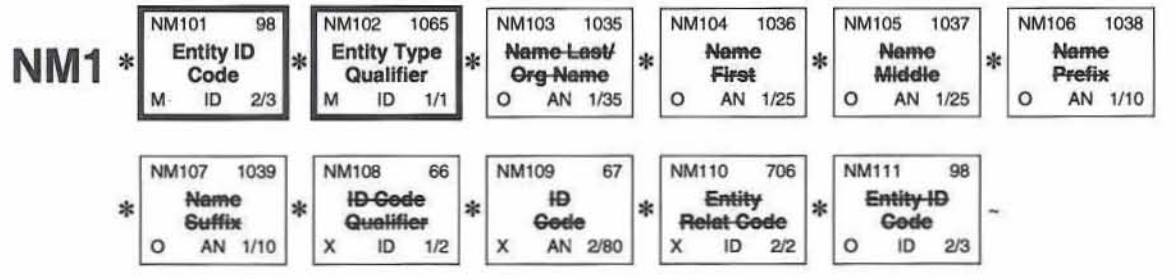
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: 31 — DEFINITION: Postal Mailing Address	M	ID	2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M	ID	1/1
NOT USED	NM103	1035	Name Last or Organization Name	O	AN	1/35
NOT USED	NM104	1036	Name First	O	AN	1/25
NOT USED	NM105	1037	Name Middle	O	AN	1/25
NOT USED	NM106	1038	Name Prefix	O	AN	1/10
NOT USED	NM107	1039	Name Suffix	O	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification Code	X	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3

IMPLEMENTATION

MEMBER MAIL STREET ADDRESS

Loop: 2100C — MEMBER MAILING ADDRESS

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Send when needed for address in loop 2100C.

Example: N3*P.O. Box 1234~

STANDARD

N3 Address Information

Level: Detail

Position: 050

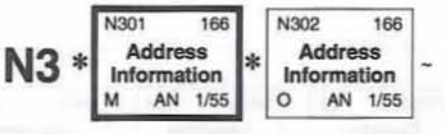
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	**Address Information** Address information *INDUSTRY:* ***Subscriber Address Line***	M	AN	1/55
SITUATIONAL	N302	166	**Address Information** Address information *INDUSTRY:* ***Subscriber Address Line*** **Required if a second address line exists.**	O	AN	1/55

IMPLEMENTATION

MEMBER MAIL CITY, STATE, ZIP

Loop: 2100C — MEMBER MAILING ADDRESS

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Send when needed for address in loop 2100C.

Example: N4*ROCK HILL*FL*33131~

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

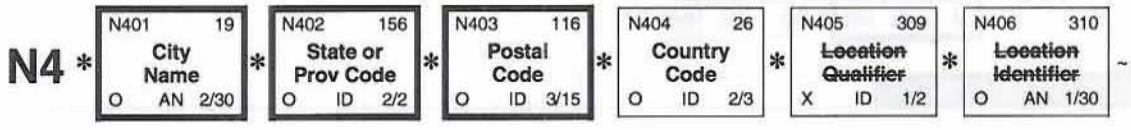
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	**City Name** Free-form text for city name *INDUSTRY:* ***Subscriber City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O AN 2/30
REQUIRED	N402	156	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Subscriber State Code*** COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	O ID 2/2
REQUIRED	N403	116	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) *INDUSTRY:* ***Subscriber Postal Zone or ZIP Code*** CODE SOURCE 51: ZIP Code	O ID 3/15

SITUATIONAL	N404	26	**Country Code** Code identifying the country CODE SOURCE 5: Countries, Currencies and Funds **Required only if country is not USA.**	O	ID	2/3
NOT USED	N405	309	**Location Qualifier**	X	ID	1/2
NOT USED	N406	310	**Location Identifier**	O	AN	1/30

IMPLEMENTATION

MEMBER EMPLOYER

Loop: 2100D — MEMBER EMPLOYER **Repeat:** 3

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **This loop is to be sent when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of such employment. An example is the employment of a dependent.**

Example: NM1*ES*2*MCDONALDS CORP.~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

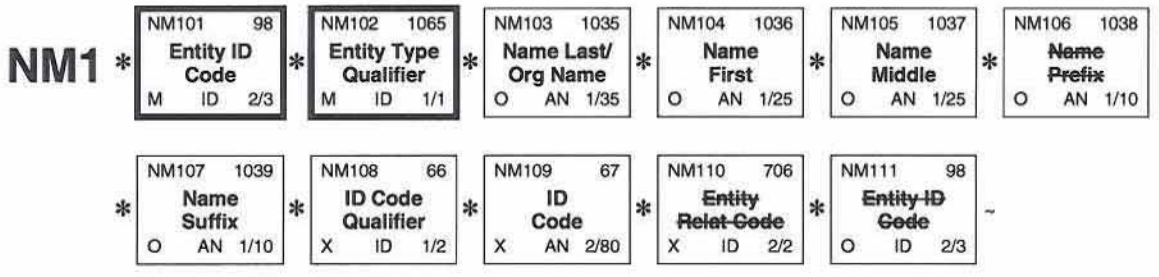
Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
ES	Employer Name

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity	**M**	**ID**	**1/1**

SEMANTIC: NM102 qualifies NM103.

CODE	DEFINITION
1	Person
2	Non-Person Entity

SITUATIONAL	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O**	**AN**	**1/35**

INDUSTRY: ***Insured Employer Name***

The name should be passed until the national identifier for employer is implemented.

SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O**	**AN**	**1/25**

INDUSTRY: ***Insured Employer First Name***

Required if the entity type qualifier in NM102 is 1 for person and NM103 is passed.

SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O**	**AN**	**1/25**

INDUSTRY: ***Insured Employer Middle Name***

Send if supplied by subscriber and NM103 is passed.

NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**1039**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**

INDUSTRY: ***Insured Employer Name Suffix***

Send if supplied by subscriber and NM103 is passed.

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67)	**X**	**ID**	**1/2**

SYNTAX: P0809

Send when required by X12 syntax.

CODE	DEFINITION
ZZ	Mutually Defined

This code will be used in this NM108 for the National Employeer Identifier until a standard code is defined.

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code	**X**	**AN**	**2/80**

INDUSTRY: ***Insured Employer Identifier***

SYNTAX: P0809

This identifier should be passed, once it has been implemented.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

MEMBER EMPLOYER COMMUNICATIONS NUMBERS

Loop: 2100D — MEMBER EMPLOYER

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment is used when the employer is applicable and the employer communication number is provided to the sponsor about the member.**

2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**

3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: **PER*SK**EP*8001234567~**

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

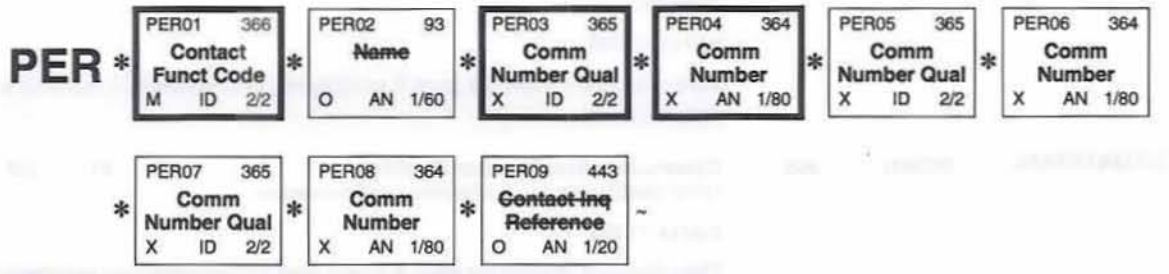
Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PER01	366	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named	M ID 2/2
			CODE: EP — DEFINITION: Employer Contact	
NOT USED	PER02	93	**Name**	O AN 1/60
REQUIRED	PER03	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0304	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: TE — DEFINITION: Telephone	
REQUIRED	PER04	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0304	X AN 1/80
SITUATIONAL	PER05	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0506 **Send when required by X12 syntax.**	X ID 2/2
			CODE: EM — DEFINITION: Electronic Mail	
			CODE: EX — DEFINITION: Telephone Extension	
			CODE: FX — DEFINITION: Facsimile	
			CODE: TE — DEFINITION: Telephone	

SITUATIONAL	PER06	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0506 **This element should be sent if additional communication numbers are available.**	X	AN	1/80
SITUATIONAL	PER07	365	**Communication Number Qualifier** Code identifying the type of communication number SYNTAX: P0708 **This element should be sent if additional communication numbers are available.** **Send when required by X12 syntax.**	X	ID	2/2
SITUATIONAL	PER08	364	**Communication Number** Complete communications number including country or area code when applicable SYNTAX: P0708 **This element should be sent if additional communication numbers are available.**	X	AN	1/80
NOT USED	PER09	443	**Contact Inquiry Reference**	O	AN	1/20

CODE	DEFINITION
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

IMPLEMENTATION

MEMBER EMPLOYER STREET ADDRESS

Loop: 2100D — MEMBER EMPLOYER

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.

Example: N3*50 ORCHARD STREET~

STANDARD

N3 Address Information

Level: Detail

Position: 050

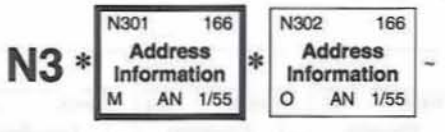
Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	**Address Information** Address information	M	AN	1/55
			INDUSTRY: ***Insured Employer Address Line***			
SITUATIONAL	N302	166	**Address Information** Address information	O	AN	1/55
			INDUSTRY: ***Insured Employer Address Line***			
			Required if a second address line exists.			

IMPLEMENTATION

MEMBER EMPLOYER CITY, STATE, ZIP

Loop: 2100D — MEMBER EMPLOYER

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is used when the employer is applicable and the employer address is provided to the sponsor by the subscriber.

Example: N4*ROCK HILL*FL*33131~

STANDARD

N4 Geographic Location

Level: Detail

Position: 060

Loop: 2100

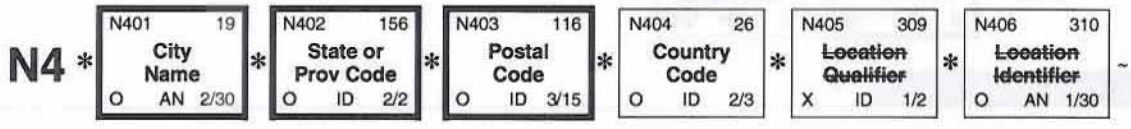
Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605
If N406 is present, then N405 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	**City Name** Free-form text for city name *INDUSTRY:* ***Insured Employer City Name*** COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	O AN 2/30
REQUIRED	N402	156	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency *INDUSTRY:* ***Insured Employer State Code*** COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	O ID 2/2

REQUIRED	N403	116	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) INDUSTRY: ***Insured Employer Postal Zone or ZIP Code*** CODE SOURCE 51: ZIP Code	O	ID	3/15
SITUATIONAL	N404	26	**Country Code** Code identifying the country CODE SOURCE 5: Countries, Currencies and Funds **Required only if country is not USA.**	O	ID	2/3
NOT USED	N405	309	**Location Qualifier**	X	ID	1/2
NOT USED	N406	310	**Location Identifier**	O	AN	1/30

IMPLEMENTATION

MEMBER SCHOOL

Loop: 2100E — MEMBER SCHOOL **Repeat:** 3

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This loop is to be sent when the member is enrolled in school and the payer is required to be notified under the insurance contract between the sponsor and the payer.

Example: NM1*M8*2*University of Utah~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 030

Loop: 2100 **Repeat:** >1

Requirement: Optional

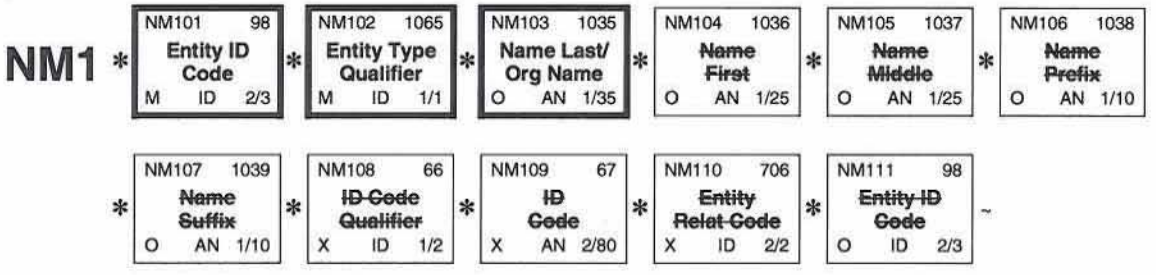
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax: 1. **P0809**
If either NM108 or NM109 is present, then the other is required.

2. **C1110**
If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3

CODE	DEFINITION
M8	Educational Institution

REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION **2 Non-Person Entity**	**M**	**ID**	**1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: School Name*	**O**	**AN**	**1/35**
NOT USED	**NM104**	**1036**	**Name First**	**O**	**AN**	**1/25**
NOT USED	**NM105**	**1037**	**Name Middle**	**O**	**AN**	**1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O**	**AN**	**1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O**	**AN**	**1/10**
NOT USED	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID**	**1/2**
NOT USED	**NM109**	**67**	**Identification Code**	**X**	**AN**	**2/80**
NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

MEMBER SCHOOL COMMMUNICATIONS NUMBERS

Loop: 2100E — MEMBER SCHOOL

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **This segment is used when the school is applicable and the school number is provided to the sponsor by the subscriber.**
2. **When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.**
3. **By definition of the standard, if PER03 is used, PER04 is required.**

Example: PER*SK**TE*8001234567~

STANDARD

PER Administrative Communications Contact

Level: Detail

Position: 040

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax:

1. **P0304**
   If either PER03 or PER04 is present, then the other is required.
2. **P0506**
   If either PER05 or PER06 is present, then the other is required.
3. **P0708**
   If either PER07 or PER08 is present, then the other is required.